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ABSTRACT

This document presents the curriculum guide for Life Planning Education, a youth development program that focuses on two of the most important tasks teenagers face: preparing for the world of work and dealing with their own sexual and reproductive development, feelings, and behaviors. These two tasks are integrated in the curriculum in a way that helps young people to realize how closely linked parenthood decisions and vocational choices are. Section 1 of this curriculum contains a special section for the leader that includes such "how to's" as "why," "where," and "when," suggestions on teaching techniques; and strategies for program implementation. The major portion of the document is contained in section II, Life Planning Education Activities. This section consists of 10 chapters that focus on: (1) self and identity; (2) personal and family values; (3) male or female (gender roles); (4) goal setting; (5) decision making; (6) parenthood; (7) sexuality; (8) AIDS/HIV (Acquired Immune Deficiency Syndrome/Human Immunodeficiency Virus) and protective measures; (9) employment; and (10) good communication. Each of the chapters contains experiential activities designed to actively involve teenagers in the learning process. Section III is a resource section that suggests recommended resources related to all aspects of life planning education. Included is information on national organizations, films, and books for teenagers and for parents. The final section consists of appendices which contain supplementary information for the leader. (Contains 41 references.) (NB)

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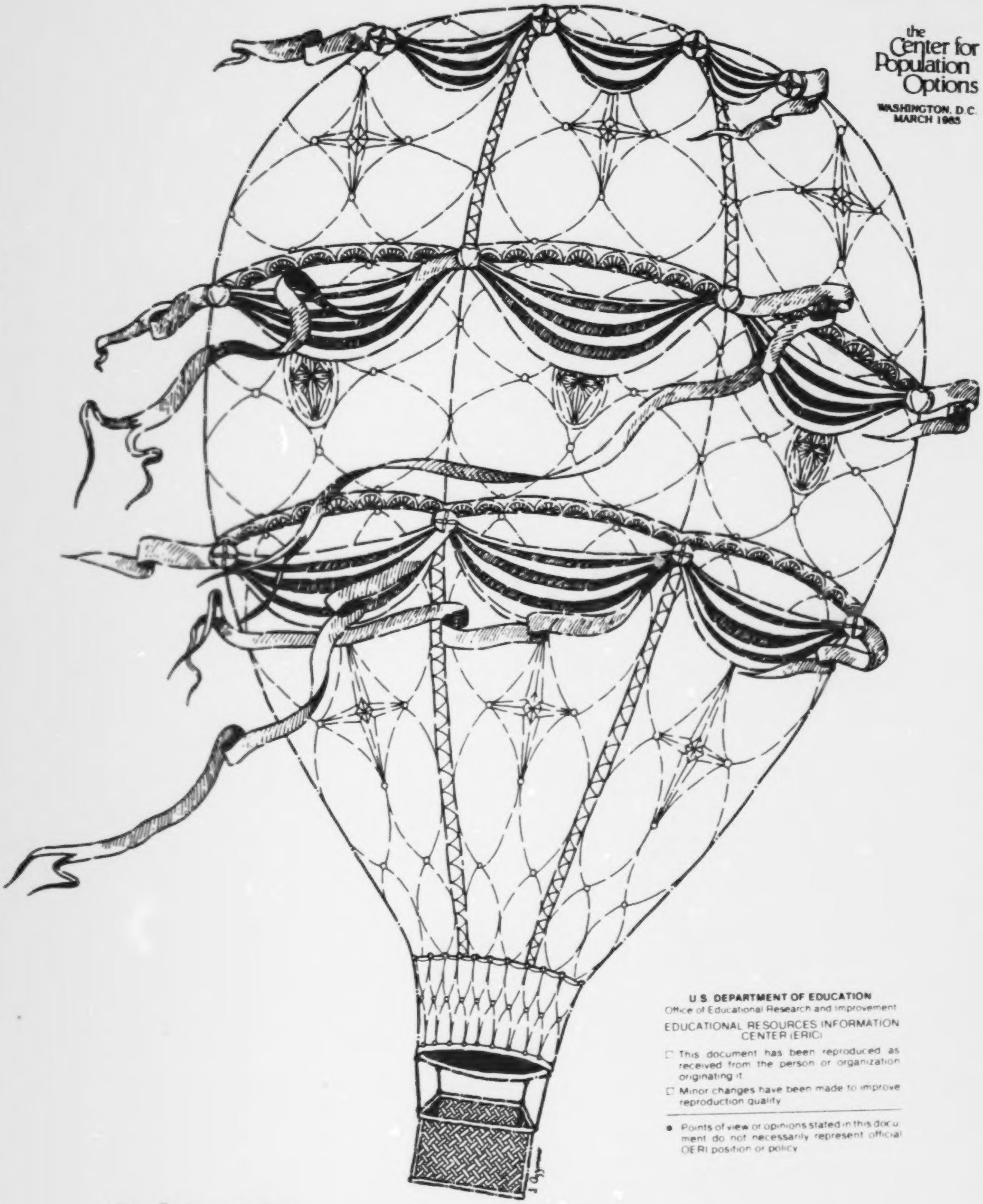

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Life Planning Education

A Youth Development Program

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Dear Educator:

We at the Center for Population Options are pleased to introduce you to Life Planning Education. This curriculum is designed to help teenagers prepare for the decisions they'll make about their health, sexuality, parenthood, and work.

The curriculum you hold in your hands bears the invisible imprint of literally dozens of people and organizations who have made its development possible. Some of them are foundations whose support enabled creation and distribution of the curriculum. Some are organizations and review committees whose cooperation and feedback have helped us make Life Planning useful for people in the field. Some are staff, past and present, whose hard work, energy, and imagination were spent unstintingly in creating, testing, revising, and producing Life Planning. Some are people like you who have shared with us experiences and impressions about the curriculum and how -- and how well -- it works.

Any list runs the risk of omission. Let me say at the start that this is a partial list. Each name on it represents many others too numerous to mention.

Special thanks to Sean Casey, Joan Garrity, Debra Haffner, Leslie Hardy, Carol Hunter-Geboy, Lynn Peterson, Sarah Renner, Katia Segre, Mary Thorngren, Camelia Townsend, and Gretchen Wooden.

With gratitude to all we can name and thanks to those we can't we dedicate this 1989 update of Life Planning to each of you who has chosen, out of dedication and love, to help adolescents build a better, stronger future for themselves.

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In Appreciation

The authors wish to acknowledge the following organizations and individuals whose publications provided inspiration for many of the activities in this curriculum: Big Brothers/Big Sisters of America, Career Aspiration and Youth Employment Programs (1981); Bureau of Labor Statistics, U.S. Department of Labor, Occupational Outlook Handbook (1984); Camp Fire, Inc., Horizons in My Pocket (1982); L.A. Despelder and N. Prettyman, A Guidebook for Teaching Family Living (1980); L.A. Despelder and A. Strickland, Family Life Education: Resources for the Elementary Classroom (1982); Emory/Grady Teen Services, Postponing Sexual Involvement (1983); Family Guidance Center, St. Joseph, Missouri, Parent-Child Sex Education: A Training Module (1983); Future Homemakers of America, Families and Futures (1983); Girls Club of Santa Barbara, Choices (1983); Girls Clubs of America, Linkages (1982); John L. Holland, Making Vocational Choices: A Theory of Careers (1973); Iowa State University Extension Service; Management Sciences for Health, Self-Discovery (1984); March of Dimes Birth Defects Foundation, Starting a Healthy Family: Seminars for Parents (1981); Mathtech, Inc., Sexuality Education: A Curriculum for Adolescents (1984); Polk County Extension Service, Iowa; The Population Institute, The Youth Values Project (1979); Resource Applications, Inc., (1981); The Salvation Army, Bridging the Gap (1982); Women's Bureau, U.S. Department of Labor, Women in Non-Traditional Careers (WINC): Curriculum Guide (1984); U.S. Department of Health, Education and Welfare, A Decision-Making Approach to Sex Education (1979).

About CPO

The Center for Population Options is a national organization whose primary objective is to reduce the incidence of unintended teenage pregnancy. CPO believes that young people need accurate and relevant information about reproductive health and family planning in order to make meaningful decisions regarding pregnancy and parenting.

CPO's program is designed to provide messages of reponsible reproductive behavior to young people, to assist youth workers and agencies in the development and implementation of family life, AIDS/HIV prevention and reproductive health programs, and to promote agency and public policies which insure that adolescents have access to the information and services they need. CPO reaches teens by training those professionals who work with them: educators, religious leaders, social workers, health professionals, employment counselors, national and local youth agency personnel, and the media, who then inform teens of the consequences that premature parenthood may have upon their lives. In addition, CPO conducts research related to adolescent pregnancy prevention and offers a program of training and technical assistance to professionals across the U.S. and in developing countries.

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What Is Life Planning Education?

INTRODUCTION

An Important Message For The Leader

About *Life Planning Education*

For young men and women, adolescence marks a time filled with changes and choices. Complex decisions and the challenges of growing up make the teenage years difficult. Teenagers must begin to select and prepare for a role in the world of work, and at the same time aquire the knowledge and skills necessary to function well in society. They must establish relationships with peers of the same and opposite sexes and maintain loving relationships with their family members while becoming independent. Teens must also learn to manage their developing sexuality, both physical and emotional, as they prepare to make their own reproductive and parenthood decisions.

The enormity of these developmental tasks and the difficulties which surround adolescents today are reflected in the increasing numbers of teenage parents, dropouts, drug users, runaways, and suicides.

Adults can often lessen the burden of adolescence with preventive education programs that provide teens with the knowledge and skills they need to navigate safely what has been called the "stormiest" period of their lives.

Life Planning Education is such a program. It focuses on two of the most important tasks teens face: (1) preparing for the world of work and (2) dealing with their sexual and reproductive development, feelings, and behaviors. Furthermore, Life Planning Education integrates those two tasks in a way that helps young people to realize how closely linked parenthood decisions and vocational choices are. Teens who participate in Life Planning Education can learn that their educational and vocational goals will affect plans for a family and that their sexual decisions will affect their vocational options. They will also increase their knowledge of their own sexuality, the responsibilities of parenthood, the skills needed to find and obtain a job, and strategies for good communication, goal-setting, and decision-making.

More important, perhaps, is the increased knowledge of themselves that teens may gain from a Life Planning Education program. In your hands, activities in this curriculum can help young people find out who they are and hope to become, where they are headed, and how best to get there. One of the keys to success in this, as in other educational programs, is you, the leader. These materials can help young people to dream of distant horizons and, hopefully, to take the first steps toward realizing their dreams. Your skills and commitment can transform these pieces of paper into real learning experiences that foster healthy growth and development. With your guidance and support, the sky is truly the limit for young people!

Some Assumptions

Life Planning Education has been designed with several assumptions in mind:

- Adults trust young people and believe in them; but know they need support, encouragement, and most of all, love and caring.
- Young people can make good choices and decisions if they have sufficient information about the possible consequences, as well as knowledge of available resources.
- Adult leaders are skilled in, and committed to, helping young people become mature, responsible adults; they will always provide the encouragement and caring that teens need.
- Institutions, agencies, or organizations that provide programs for young people can integrate Life Planning Education into ongoing educational activities in an unlimited number of creative ways.
- Specific activities contained in this curriculum can be adapted in accordance with an agency's individual philosophy without sacrificing the intent of Life Planning Education.

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About These Materials

The materials that comprise Life Planning Education are summarized below:

Section I

Preliminaries -- A special section for the leader that includes "how to's"; teaching techniques; and strategies for program implementation.

Section II

Life Planning Education Activities -- Experiential activities designed to actively involve teens in the learning process.

Section III

Resources -- Recommended resources related to all aspects of Life Planning Education.

Section IV

Appendices -- Supplementary information for the leader.

Preliminaries

How To Use *Life Planning Education*

You may have some questions about this program and its materials. Just why, where, when, and how do you use them?? Here are some answers and specific suggestions to guide you.

WHY??

Facts and figures gathered from several sources provide the rationale for Life Planning Education. Most adults are familiar with the health risks associated with teenage pregnancy: (1) teen mothers are more likely than older mothers to suffer from anemia and toxemia during pregnancy and to experience a longer, more difficult labor; and (2) babies born to teens are two or three times more likely to be born early, weigh less than a normal, healthy baby, suffer from mental retardation, or even die than babies born to mothers in their 20's.

Fortunately, most babies are born healthy. However, the social and economic consequences of early childbearing and childrearing often have lifetime implications for young mothers, fathers, and their children:

- Pregnancy is the most frequent reason that young women give for dropping out of school and mothers who give birth before age 18 are only half as likely to graduate.
- Young men who become fathers before age 18 are 40% less likely to graduate from high school than those who quit.
- Women who have their first baby as a teenager are much more likely to be unemployed or underemployed--working in lower status jobs, receiving lower hourly wages, and earning less income per year.
- Over 70% of all mothers under 30 who receive welfare assistance had their first baby during their teen years.

WHERE??

Life Planning Education can be provided in many different settings. You might conduct a program in a classroom or a youth agency, on a recreational outing or in a "rap" group, in a religious youth gathering, or as a part of an after-school program. Life Planning can be integrated into a health promotion program, a family life education program, or an employment preparation program. Virtually any place where young people gather to learn and grow with the guidance of trusted adults is an appropriate setting for Life Planning Education. Be creative! You may find a setting for Life Planning Education that no one else has ever thought of!

WHEN??

Preparation for the future is a continuous process for young people. The *Life Planning Education* program is intended to assist them and make the result of their growth toward adulthood as positive as it can be. Many young people are so caught up in the trials or the joys of "today" that they aren't doing much planning for tomorrow. Most teens experience some difficulty with future planning and looking ahead. This program can help them realize the importance of preparing for their future and help them take steps to do just that.

When you begin a *Life Planning Education* program isn't really important. It can begin in the fall and coincide with a school year; it can begin during the summer vacation. It can take place on a weekend retreat or after school during the week. What really matters is not *when* teens begin to plan their lives, but *that* they do it. Young people need to start somewhere if they are to reach for the sky--you can help them get off the ground with *Life Planning Education*.

FOR HOW LONG??

How long your *Life Planning Education* program continues will depend on many factors, including your time, competing educational topics of interest to you and to young people, agency priorities, and budget constraints. Life Planning is a process that continues over time once it begins, so even if you are only able to initiate a program of brief duration, it can still have an impact. However, given the complex nature of teens' lives and the many decisions they face every day, their need for the knowledge and skills contained in *Life Planning Education* is great. Ideally, your *Life Planning Education* program would last long enough to enable participating teens to experience mastery in each area. "In the best of all possible worlds," *Life Planning Education* would consist of an 18-week program, allowing two weeks to master the contents of each of the nine chapters. There are several ways you might cover the key concepts in each chapter during an 18-week program.

For example, you could schedule one two-hour meeting each week for 18 weeks or, if you have more time, three one hour meetings each week for 18 weeks. The number of activities you can conduct will depend on the time required for each and the time you want to allow for discussion. Eighteen weeks may be too long a time to devote to one program, or it may be a longer period than you will have with the teens in your agency. Outlined briefly below are several alternative suggestions for scheduling a *Life Planning Education* program:

Nine weeks	-- two 90-minute sessions weekly, covering two activities from one chapter each session.
Six weeks	-- three 90-minute sessions weekly, for a total of 18 sessions, devoting two sessions to each chapter.
Three weeks	-- three 90-minute sessions weekly, covering one chapter in each session. OR two 90-minute sessions weekly, covering one unit (three chapters) each week.
One week	-- three 90-minute sessions covering one unit each.

Keep in mind that a week-long program doesn't allow young people much time for thought or personal reflection; nor does it allow you much time to cover the concepts in Life Planning Education. It may serve as an introduction, especially if the possiblity for an extended program exists at a later date.

There are many, many other possible combinations of hours, days and weeks. Use your imagination and create an innovative schedule that allows plenty of time for learning within the time constraints that exist for you and your teens.

HOW??

Each educator brings to an educational program his or her own style of working with young people, using resource materials, and conducting a program. The authors of Life Planning Education have tried to put into one package some of the information and materials you might need to incorporate Life Planning into your educational program. As a leader, you will design and implement a program that reflects your educational style, your priorities, and the needs of the young people you work with.

Life Planning Education has been designed for easy implementation. The curriculum consists of three units, each of which contains three chapters. Each chapter contains several educational activities which address the chapter objectives in a variety of interesting ways. As the leader, you will want to review all activities and select those from each chapter that are most appropriate for your group.

To design and conduct a program tailored to the needs of your teens, we suggest the following seven steps:

STEP 1:	Review Life Planning Education briefly in its entirety so you are aware of the scope of the curriculum.
STEP 2:	Determine your time frame.
STEP 3:	Select specific "Activities" from the chapters you will cover.

STEP 4: Review the "Activity Worksheets" that acccompany each activity you have selected--these must be duplicated for each participant in your group.

STEP 5: Review the "Leader Resource Sheets" that accompany each activity you have selected--these contain information you will need to conduct the activities.

STEP 6: Consult the Appendices for "Leader Information Sheets" that accompany certain activities.

STEP 7: Familiarize yourself with the "Preliminaries" contained in this section as you prepare for your first session--these include strategic suggestions for conducting small group discussions and educational activities as part of a Life Planning Education program.

The following hints are intended to make your use of our materials an enjoyable experience:

- The activities included in Life Planning Education were selected from a variety of sources, represent a variety of educational approaches, and have been written or adapted so they are appropriate for teens who may not have sophisticated reading skills. However, you may want to change or adapt them further to be most appropriate for your unique group of young people.
- All pages can be easily removed for duplication and additional materials (e.g. articles, educational activities, resources) can be added where appropriate. You may want to instruct teens in your group to obtain a three-ring binder and compile a Life Planning Education notebook of their own as you conduct activities from the curriculum.
- The objectives that teens can expect to accomplish accompany each chapter in Life Planning Education. You may want to write these out on newsprint or duplicate the first pages of each chapter and distribute them to teens.
- The Introduction at the beginning of each chapter is intended to acquaint you, the leader, with the rationale for including the material as well as some of the key points to be covered. You may want to include some of the introductory material in the remarks you make to teens as you conduct activities from each chapter. Where materials or activities are especially sensitive, the authors have tried to alert you to possible concerns or issues that might be raised. If there is an area or topic with which you feel uncomfortable or about which you know very little, you may want to bring in an "expert" to discuss that topic.
- Each activity in Life Planning Education specifies the materials needed, the approximate time required, the procedure to be

followed, and discussion points. In addition, some activities include planning notes when preparations must be made before you begin to conduct the activity.

- The underlying theme of Life Planning Education--that delayed parenthood can increase the future options and opportunities for most teens--has been woven throughout the activities in this curriculum. However, you will need to reinforce the message often as you discuss Life Planning with your teen group.

- Take advantage of every opportunity to expand learning beyond your classroom or program. Consider taking young people to visit local agencies and institutions that relate to preparation for family and vocation, such as health/family planning clinics, child care centers, career guidance or vocational training programs, etc. Also bring outside resources into your program by inviting guest speakers, community leaders, parents, and professionals--young people benefit a great deal from exposure to appropriate role models.

ENJOY!!!

Life Planning Education: Goals And Objectives

PROGRAM GOAL: To assist teens to plan for their future vocational and family life, so they can achieve their full potential in both areas.

UNIT GOALS:

I. Who Am I?	To provide teens with an opportunity to learn more about themselves, their interests, strengths, family and personal values, and the factors that influence their feelings about themselves.
II. Where Am I Going?	To assist teens in establishing goals and making decisions related to future work and parenthood and to encourage them to achieve their goals.
III. How Do I Get There?	To increase teens' knowledge in three areas: sexuality and planning for a family; job-seeking; and communication.

CHAPTER OBJECTIVES:

1. MYSELF: Who Am I And What Can I Do?

   To become aware of my positive qualities.

   To identify things about myself that I can change.

   To identify my potential work skills and strengths.

2. PERSONAL AND FAMILY VALUES: What is important to me?

   To learn a definition of "values".

   To learn what my own personal values are and where they came from.

   To understand how my values affect my behavior.

   To learn to communicate my values to others.

3. **MALE OR FEMALE: Is My Life Already Planned?**

To learn about sex roles and stereotypes that exist.

To understand how stereotypes affect our options in the workplace and in relationships.

To examine my own thinking about "maleness" and "femaleness".

4. **GOAL-SETTING: What Are My Goals For Myself?**

To identify my long-term and short-term goals.

To pracice goal-setting.

To learn how to achieve my goals.

To think about how parenthood might affect my goals.

5. **DECISION-MAKING: How Do I Weigh My Options?**

To become aware of the process of decision-making.

To learn a model for decision making.

To practice the steps in a decision-making model:

- o Gathering information
- o Predicting outcomes
- o Listing advantages and disadvantages
- o Making and evaluating the decision.

6. **PARENTHOOD: Is It A Job For Me?**

To examine how I feel about becoming a parent.

To learn about the responsibilities and costs of raising a child.

To learn about the special problems that come with being a teenage parent.

7. **SEXUALITY: How Does It Affect My Relationships And Responsibilities?**

To learn a broader definition of human sexuality.

To become more comfortable talking about sexual concerns.

To learn facts about sexuality, pregnancy, and sexually transmitted diseases.

To learn two ways of preventing pregnancy and sexually transmitted diseases:

- o Using contraception effectively
- o Saying "no" to sex.

To learn about community resources related to reproductive health.

8. EMPLOYMENT: How Do I Get There?

To find out where to look for jobs.

To learn what job options exist.

To learn what various jobs require (training and education).

To learn basic job-seeking skills:

- How to prepare a resume
- How to interview
- How to fill out an application.

To understand how parenthood can affect my job preparation and my future employment.

9. GOOD COMMUNICATION: How Can I Communicate Well With Others?

To learn what good communication is and how good communication can make us feel.

To understand how important good communication is in all our relationships--with family, friends, and the people we work with.

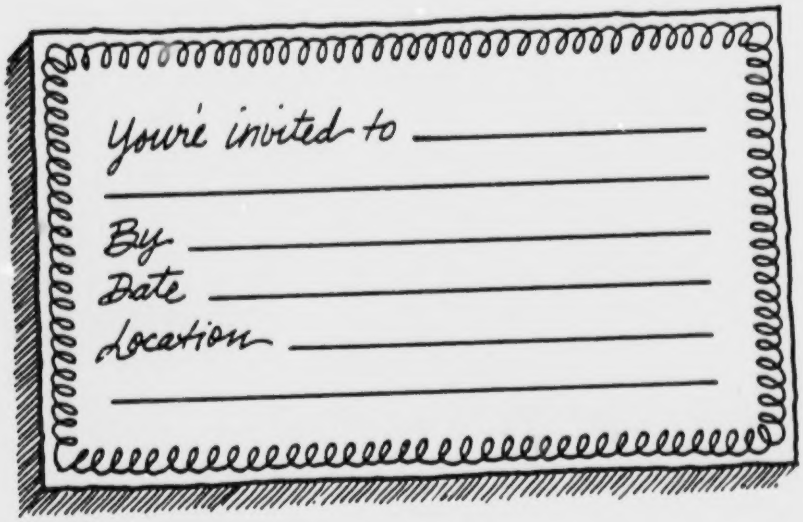
To practice good communication skills.

To identify what stands in the way of good communication.

Issuing An Invitation To Learn

"Invitations" are sometimes written, sometimes verbal, and sometimes implied by the nature of the setting or the situation. Invite young people to learn about themselves, their dreams, and plans by creating an environment that fosters group activity. Your invitation will encourage them to become involved and their participation in the group will strengthen their learning and growth. Create a comfortable learning environment that invites participation:

- Select a quiet, private setting.
- Model open, honest discussion and sharing about oneself.
- Reduce anxiety by informing young people in the group about what they will be doing and what will be expected.
- Keep the size of the group small (10-15 if possible).
- Communicate enthusiasm about the special opportunity to talk with one another and learn together.



Setting The Stage: Ground Rules

As you begin to conduct the activities in Life Planning Education, you will discover that the program often involves young people in a discussion of sensitive or personal topics. "Set the stage" with appropriate ground rules:

- Confidentiality--what we share in this group will remain in this group.
- Openness--it is important to be open and honest but there should be no disclosure of others' (family, neighbors, friends) personal/private lives; it is OK to discuss general situations as examples but not to use names.
- Nonjudgmental Approach--it is OK to diasgree with another person's point of view but not to judge or "put down" another person.
- I-statements--it is preferable to share our feelings or values using "I-statements."
- Right to Pass--this program is designed to encourage participation, but it is always OK to "pass," to say "I'd rather not do this activity" or "I don't think I want to answer that question."
- Anonymity--it is OK to ask a question, anonymously if necessary (have a question box), and all questions will be answered.
- Acceptance--it is OK to feel uncomfortable; even adults feel uncomfortable when they talk about sensitive topics like values or sexuality.

There may be other ground rules the group will want to adopt. If possible, let the rules come from the group, perhaps after you give an example of a "ground rule." You can always add those that aren't suggested by one of the young people themselves.

You may want to develop a "contract" that each participant would sign, once the ground rules are determined.

Integrating Learning: Processing Educational Activities

When you conduct any educational activity--especially one that deals with sensitive or emotional subjects like young people's feelings about themselves or their future lives--you will want to "process" the experience. "Processing" simply means talking with the group about what happened and what they experienced when they participated in the activity. Processing allows an opportunity for anyone with a concern or an unanswered question to raise it again. Processing also allows you, the leader, to assess and to reinforce the learning that took place. It may include repeating or summarizing some of what was said and drawing the group's attention to key points or issues as the experience comes to an end.

The following questions may help you as you process the activities included in Life Planning Education:

- What did we just do?
- Why? What was the objective?
- What did you learn?
- Do you still have any questions?
- Is anything unclear or unanswered?
- How did you feel about this activity?
- Is anyone upset about anything we did or said? (If so, be prepared to talk further about these feelings in the group or personally.)
- Do you feel differently now than you did before about ________?
- Would you like to do more activities that deal with this topic/issue? Why?

Getting feedback from the group at different points allows you to structure your program more effectively and keep young people's attention and interest.

You obviously won't need to process each activity to the same extent, but you will want to be careful to process those activities that seem to cause conflict or concern for one or more members of the group.

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Chapter Summary: Suggestions

As you complete each chapter you may want to have teens summarize what they have learned and how they feel about their experiences thus far. On the next page you will find an illustrated "Chapter Summary" sheet which can be duplicated for use with each chapter. Teens can write the chapter title in the center of the balloon and their name on the gondola. Then they can write brief messages that they learned from the chapter in the sections of the balloon. You may want to structure the activity so that they recall as a group major points that they learned and record them on a chalkboard or newsprint pad. If you're feeling creative, you might make a large balloon for the wall or bulletin board and ask teens to write in different things they learn chapter by chapter!

An alternative method of summarizing learning is presented below. You can write the statements on the board or prepare a handout by typing and duplicating them for each teen. Perhaps you would like to add others.

I learned...____

____

I already 1 knew...____________________________________

____

I was suprised..._____________________________________

____

I was disappointed..._________________________________

____

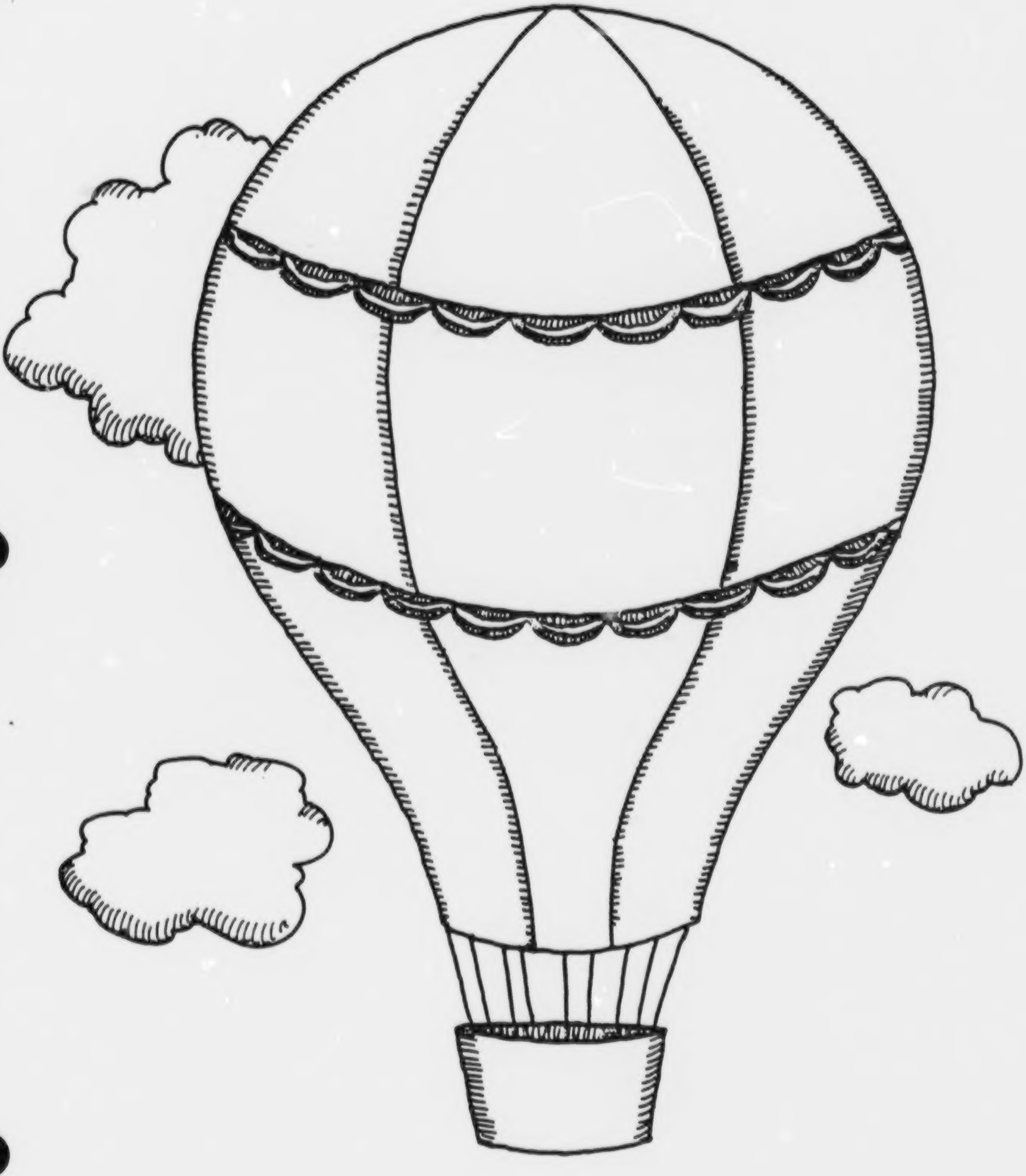
I didn't like...______________________________________

____

I want to learn more..._______________________________

____

Chapter Summary



Teaching Techniques

The Life Planning Education curriculum is designed to help youth identify their long-range personal and career goals so that they can use those goals to direct the decisions they make throughout adolescence. The program provides information, helps adolescents explore and become clear about their own attitudes and values, and teaches relevant life skills such as goal-setting, communication, and decision-making. Adolescents are most enthusiastic about participating in an educational program when they are offered a variety of learning opportunities. A list of commonly used teaching techniques follows; you will find examples of each of them throughout the curriculum.

LECTURE-LECTURETTE

A lecture is a structured and orderly presentation of information delivered by an individual or panel. While lectures can be successful in imparting information or introducing skills, they can be stiff and boring. A more informal lecture, the lecturette, which allows for an exchange between the speaker(s) and the participants is often more effective.

DISCUSSIONS

Discussions are a verbal exchange led by the educator or participants about a specified topic. Through this process participants: (1) have a chance to share facts and ideas and (2) can listen to and consider different points of view. Discussions are useful in both large and small groups. Small groups offer shy or less verbal participants more of an opportunity to speak. Discussions in the large group give the facilitator the ability to control the flow of the conversation.

BRAINSTORMING

Brainstorming is a free-flowing exchange of ideas on a given topic. The educator or a participant poses a problem, dilemma, or issue. Participants suggest whatever answers or ideas they can think of. Initially, all ideas are accepted. When the brainstorming is finished, the group evaluates the ideas together to identify those they consider most realistic or useful.

AUDIO-VISUALS

Audio-visuals (films and filmstrips) are an extremely successful teaching aid because participants enjoy them, quickly identfy with the people or action in films, and are often anxious to express their own attitudes and feelings which are triggered by the film. Audio-visuals can be used to introduce a new topic, give technical information in an entertaining manner, raise issues, and set up dilemmas to trigger discussion. While filmstrips have less action than films, many of the newer filmstrips are quite effective. All audio-visuals which are used should be previewed with the following questions in mind:

- --Does the audio-visual help accomplish the objectives of the session?
- --Is the information, language, and style of dress up-to-date?
- --How realistic or relevant are the characters and situations?
- --Has the sponsoring agency approved it?

ROLE-PLAYING

This technique gives participants an opportunity to assume the role of another person. Within the assumed role the adolescent can 1) experience how someone else might feel in a particular situation; 2) try out a new skill such as a communication strategy and get feedback; and 3) learn from each others' successes or shortcomings, insights or blind spots in a safe environment. Role-playing in small groups or pairs rather than in the large group is usually less threatening for participants and allows more people actually to experience the role-playing. When using role-playing in a large group, be sure to ask for volunteers, as many participants are embarrassed or uncomfortable acting in front of a large group.

GUEST SPEAKERS

Another person or panel of persons might be invited to the program to supplement the educator's expertise, present an opinion, or discuss particular experiences. Examples of possible guest speakers include: a physician, teenage parents, social worker, clergy, employment counselor, and members of various professions. When using guest speakers, it is important to consider the following points:

- --Is the speaker comfortable with and knowledgeable about the topic to be discussed?
- --Is the speaker dynamic and comfortable with adolescents?
- --Have you obtained approval from the sponsoring agency if necessary?
- --Do you have a clear understanding with the speaker about your expectations?

STRUCTURED ACTIVITIES

These refer to all other types of experiential activities in the curriculum. Many of these activities are fun and therefore more appealing to participants. However, an educator should only conduct activities that have a clear purpose and will help achieve the objectives of the program. It is important to tell the group the purpose of the activity and to give clear instructions. Never lead participants through an activity without discussing it. The discussion during and after an activity is most important because it clarifies what has been learned and what might be applied to the participants' daily lives. The following are short descriptions of a variety of structured activities:

Values Voting - Values Continuum

In a values voting activity, participants make a public or private statement of their opinion in response to a controversial statement. There are usually three stands that can be taken: agree, don't know or unsure, and disagree. Designate one space in the room for each of these three positions. After reading a statement, ask for volunteers to take a public stand by going to one of the three positions in the room. Give each volunteer a chance to explain his or her position. An alternative procedure is to have all participants stay in their seats and vote "thumbs up" if they agree, "thumbs down" if they disagree, and "arms folded" if they aren't sure.

Incomplete Sentences

Give participants a list of incomplete sentences to complete anonymously. Examples: Sex before marriage is . . . .; Teenage parents have it rough because . . . .; An exciting career would be . . . . There are several ways to conduct this activity. Read the incomplete sentence aloud and ask participants to respond. Participants complete sentences on a sheet of paper which is later collected and responses discussed by the group. Or, write individual sentences on large sheets of paper and place on the walls. Ask participants to mill around to complete the sentences anonymously. Afterwards, have volunteers read the responses and then discuss them.

Stories - Case Studies

In this technique, participants react to the characters or values represented in a fictional story or real case study. With some stories, ask participants to rank the characters that they like from most to least and to explain their choices. With other stories, participants may evaluate the behaviors of the various characters or determine who was most responsible for a particular outcome. Example: Tell a story about four people who make different life decisions and choose different careers. Ask participants who they would choose to be like and why.

Inventories

Inventories are a variety of written forms that ask participants to give some information about themselves -- early experiences or memories, messages that they received, solutions to a problem, their position on a specific issue, etc. Example: What message did your parents give you about certain topics (sex, being a parent, being male, being female, education, careers)? Mom always said ____________. Dad always said ____________.

Advantages/Disadvantages

Ask participants to brainstorm both the advantages and disadvantages of a particular situation, behavior, or condition. This can be done with the entire group or in smaller groups.

Implementing *Life Planning Education*

The following is a brief guide to planning and implementing a Life Planning Education program. The major steps that need to be considered include:

1) Establish a need for the program
2) Research the community
3) Develop program framework
4) Obtain agency support
5) Establish an advisory committee
6) Select the leader
7) Design the program
8) Inform parents - recruit participants
9) Conduct and evaluate program

Establish a need for the program. Gather national and local statistics on adolescent sexual behavior, pregnancies, births, consequences of adolescent parenting, school dropout rates, teenage unemployment, etc. Talk with adolescents and parents in your agency about their concerns related to teenage pregnancy and career options. Keep a file of statistics, questions adolescents have asked, requests from parents, newspaper articles, letters to the editor -- anything that can be used to demonstrate the need for a program.

Research the community. Find out what, if any, family life education or career education programs are being offered in your community. What agencies or organizations offer such programs? What has been the reaction? Have any agencies tried to combine the two approaches? Contact any individuals or organizations which might share your concerns about the need for Life Planning programming for adolescents. Possible agencies include schools, PTAs, youth-serving agencies, community mental health centers, religious institutions, family planning centers, and employment programs. Discuss your plans for a program and try to gain their support. Whenever possible, share resources and ideas within this network. This approach prevents duplication of efforts in addition to providing a professional support system.

Develop program framework. After talking with other individuals and agencies in the community, outline a program that would be appropriate for your agency. This outline should include the target population and overall goals and objectives of the program.

Obtain Agency Support. If your agency does not have an established policy related to family life education, take the issue and prospective program to the agency administrators and Board of Directors, if one exists. Identify your reasons for wanting the agency to sponsor such a program. Clarify how Life Planning fits within the agency's goals. Discuss the need for such programming and the support network that you have developed in the community. Present the suggested program framework and a strategy for utilizing existing agency resources or acquiring the resources that will be necessary.

Establish an advisory committee. Convene an advisory committee to review the program goals, contents, and resources at various intervals. The committee should include individuals such as parents, clergy, board members, educators, career counselors, and adolescents. If your agency has a Board of Directors, its program committee might have the necessary composition to carry out the functions of an advisory committee. This committee is important for developing a community-based program. By having parental, adolescent, and community input as the program is developed, you are more likely to develop a program that supports the values of the local community. It is very important to have this committee review all written and audio-visual resources to be used in the program.

Select the leader. The leader is probably the most crucial factor in a successful program. Since sensitive issues related to sexuality and parenting will be discussed, the leader should be well trained. Select a leader who: 1) is knowledgeable of sexuality and career eucation; 2) is warm and respectful of others; 3) is enthusiastic about teaching; 4) has good communication and group facilitation skills; 5) is nonjudgmental; 6) is comfortable discussing sexual issues; and 7) has a sense of humor.

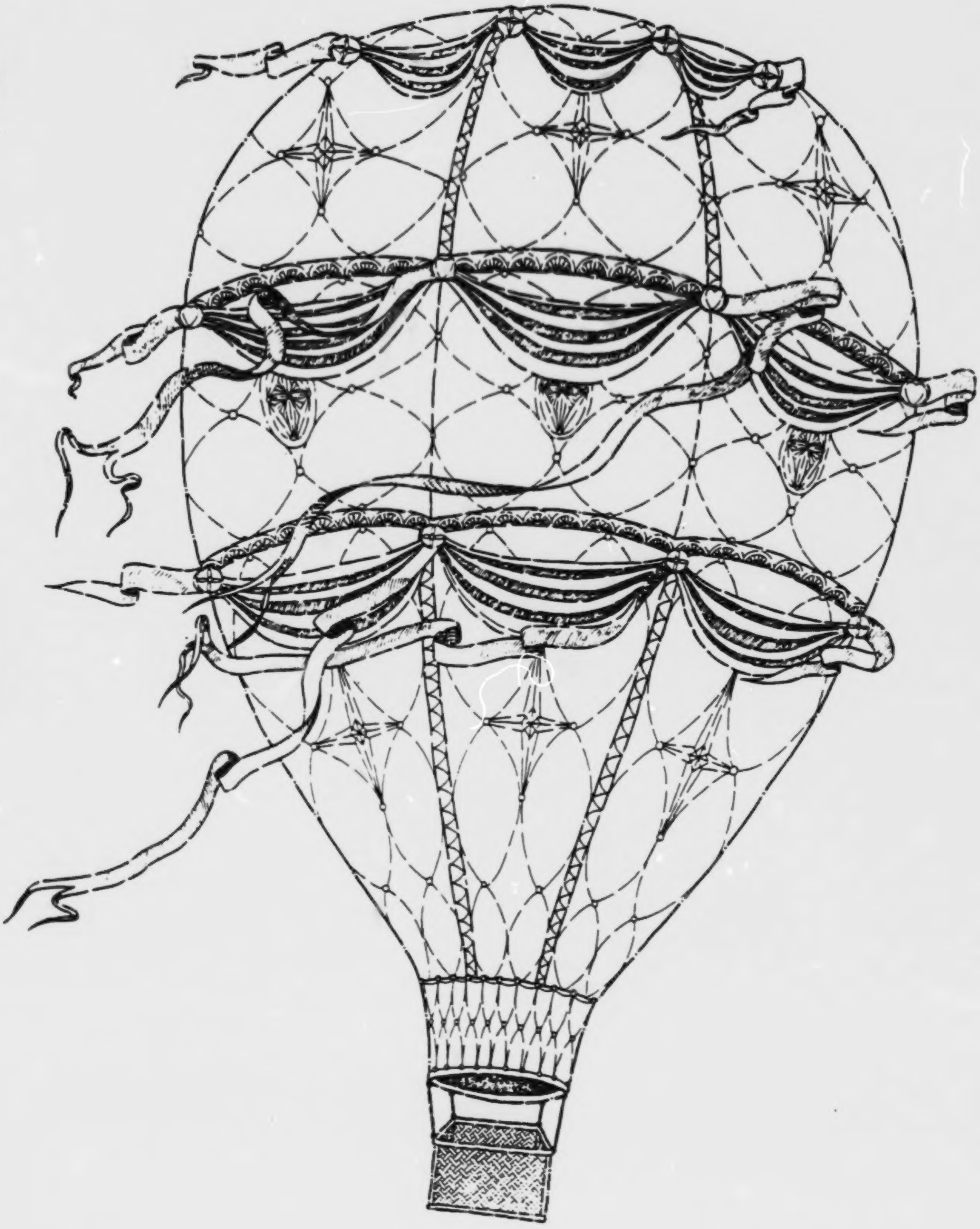
Design the program. Since Life Plannning Education combines some of the content from sexuality education and some from career education, it might only be necessary for you to supplement an existing program. For example, if your agency already offers a sexuality education program, you may simply need to add units on goal-setting and employment and relate these to decision-making about sexuality. Use the Life Planning Education curriculum as a guide for developing your program. Choose activities that will achieve the overall goals and objectives that have been identified and fit the style of the leader and the particular youth that you serve. Additional sexuality education and career education curricula may also be useful. See the Resources Section for recommendations.

Inform parents - recruit participants. Once the program has been fully designed and reviewed by the advisory committee, it can be announced to the clients of the agency. In a school or a youth-serving agency, there is an adolescent population that already participates in agency programs. Thus, it is only necessary to inform them and their parents of the upcoming program.

If youth need to be recruited for the program, the following suggestions will be helpful: 1) work with pre-existing youth groups; 2) use peer leaders to help recruit their friends and acquaintances; 3) hold the program at a convenient time and place; 4) develop a reputation that the program is interesting and helpful; and 5) use an attractive brochure that highlights the informal structure and audio-visuals that will be shown.

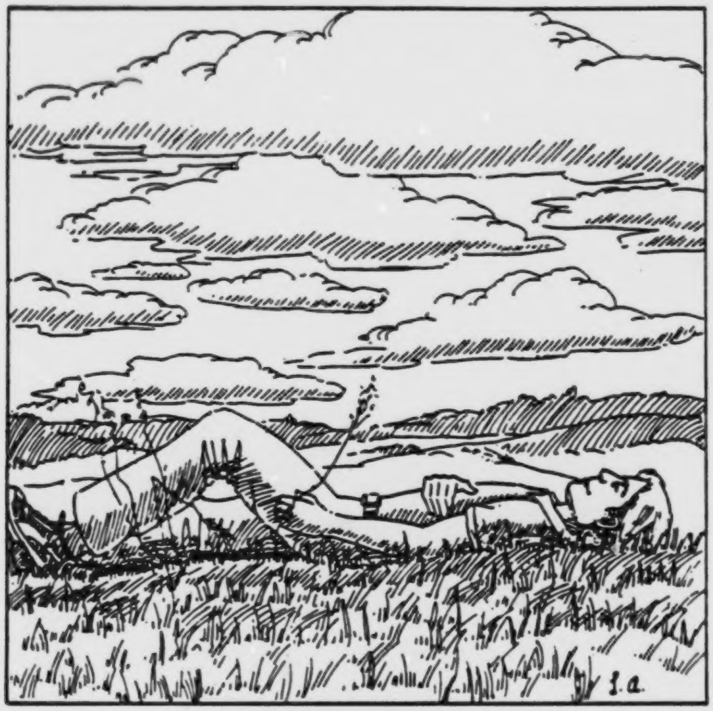
Conduct and evaluate the program. Use a comfortable, private and properly heated room for the program. A circular or semi-circular seating arrangement helps to establish an atmosphere conductive to open communication and sharing. Be sure to have all supplies that are needed prior to the session. Also check audio-visual equipment prior to the session.

Evaluate your program to determine which components are weak and to determine how the program is impacting students' knowledge, attitudes, and behaviors.



Unit 1: Who Am I?

CHAPTER 1



MYSELF:
Who Am I And What Can I Do?

CHAPTER OBJECTIVES

- *To become aware of my positive qualities*
- *To identify things about myself that I can change*
- *To identify my potential work skills and strengths*

MYSELF:
Who Am I And What Can I Do?

The teen years are a time for becoming independent, for "breaking away" from the family and establishing oneself among peers. Adolescence is also a transition period when physical changes are occurring and the child's body is maturing into adulthood. With all of these changes -- social, emotional and physical -- young people begin to ask themselves, "who am I?" They go through a process of seeing themselves as different from others and yet, at the same time, they may be scared of being too different, fearing their friends will reject them. Still, adolescents want to be recognized as being unique and individual, respected and "grown-up."

Self-esteem, or how a person feels about himself or herself, is closely tied to one's family and environment, including social and economic background. When children feel listened to, taken seriously, and genuinely cared for, their self-esteem is high. With love and support, any person can feel valued and special.

However, if children are raised in an environment where important adults (parents, teachers, or others) have continuously criticized, corrected, or restricted them, they may lose faith in themselves. They may begin to doubt their own ability, believe they will never succeed in anything, and feel there are limited opportunities for their future. When young people feel they are unimportant, they may experience difficulty making decisions and plans for their lives. For example, a teenager who is feeling like a failure in school and unloved by his family will be more vulnerable to becoming involved in a sexual relationship when pressured by his peers. A young woman with similar background and low self-esteem may become pregnant intentionally, believing that her only chance for success and recognition is in parenthood. She may believe that having a child will make other people respect her and treat her like an adult. Or she may believe that having a baby will provide her with the love she lacks in her life.

The way young people feel about themselves also has a great deal to do with how they express themselves through activities and work. Their willingness to seek a job, their attitude on the job, their relationships with their employer and with other employees are all affected by how they see themselves and how they believe others see them. Work can contribute a great deal to self-esteem, and some studies cite work as the most significant source of personal identity for adults. By mastering a job, people feel they are contributing to society, especially in a society like ours where work means a great deal.

Knowing oneself and feeling good about oneself is a very important part of who someone is and how he or she behaves. This chapter is designed to guide teens in their own self-discovery. Exercises have been selected that can help individuals in your group get to know themselves better, find out what they like about themselves, and perhaps identify some things that they would like to change. Emphasis is on providing opportunities for teens to discover positive qualities: personal strengths, physical attributes, and special skills or abilities for which they may not have received much recognition. You, as the leader, can help young people discover their uniqueness. For those teens in your group who come from a less supportive environment, your task may be more difficult. Their growth toward positive self-esteem may be slower, but the reward, for both of you, will be tremendous.

Key Concepts In This Chapter

- The way we feel about ourselves influences what we do with our lives.
- The way we feel about ourselves influences the way others feel about us.
- When we feel good about ourselves we can perform better and achieve more.
- Each of us has unique qualities and special strengths.

Teaching Tips

- Be sensitive to ethnic and cultural differences--remember that a person's self-esteem is linked to family traditions, language, social customs (i.e., dress, hair style) and other aspects of his or her cultural environment.
- Reward teens whenever you have the opportunity--give them praise, recognition, a special privilege, increased responsibility, or anything that will let them know you value and care about them.

ACTIVITY

Personal Coat Of Arms

Purpose: To help teens consider their personal strengths and weaknesses.

Materials: Activity worksheet, "Personal Coat of Arms"; markers for each group member; newsprint or chalkboard.

Time: 20-35 minutes.

Procedure: 1,2,3!

Give each teen a copy of the worksheet. Choose 6 of the following 8 questions. Read them aloud and write them on newsprint. Ask the teens to answer each question by drawing a picture, design, or symbol in the appropriate area.

1. What do you think is your greatest personal achievement to date?
2. What do you like most about your family?
3. What do you value most in life?
4. What are three things you are good at?
5. What is one thing you would like to improve about yourself?
6. If you died today, what would you most like to be remembered for?
7. What material possession would you save if your house caught on fire?
8. What do members of the opposite sex like most about you?

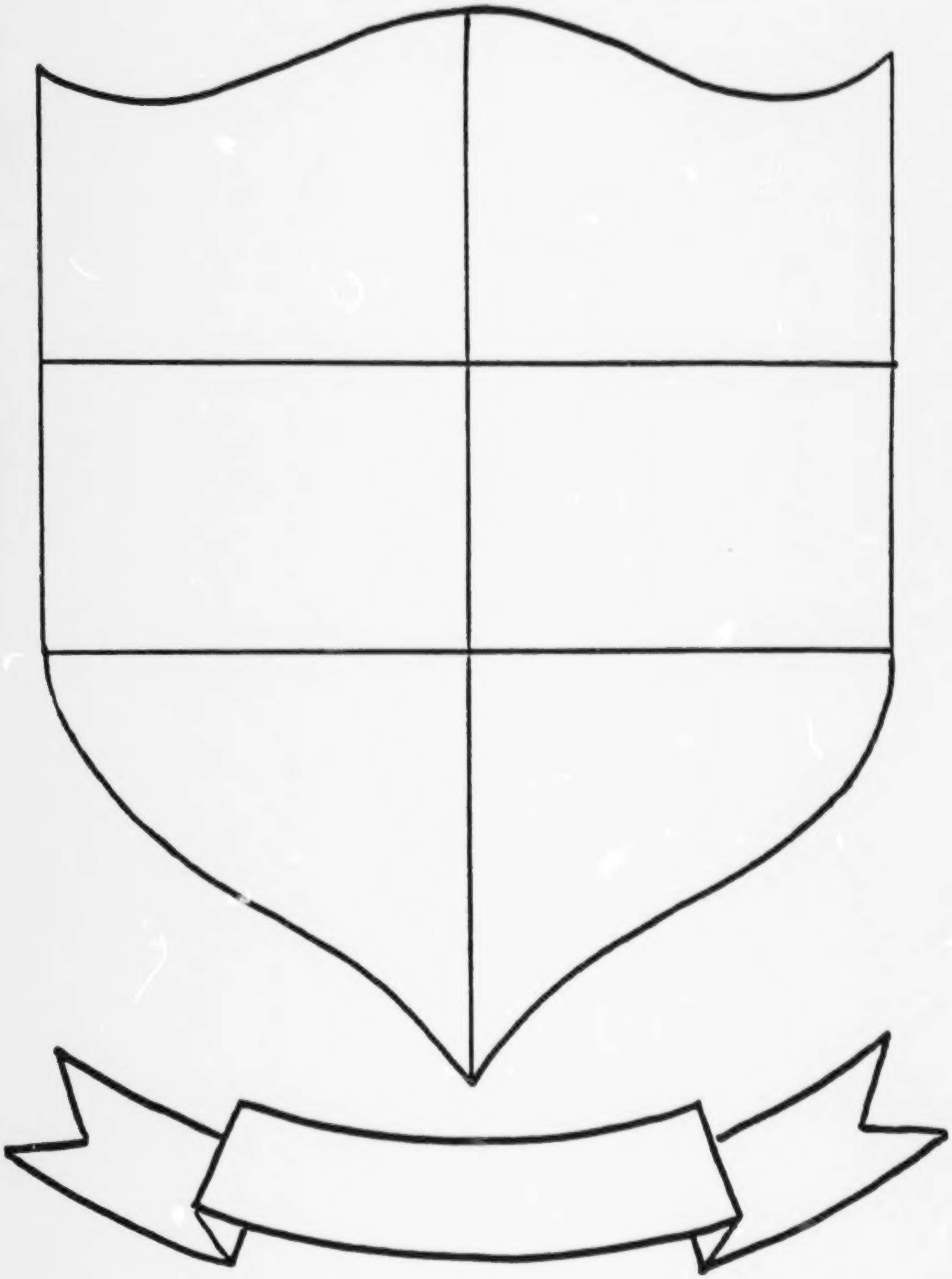
For example, in space #1 which asks for personal achievement, a teen who has been successful in music might draw a picture of a musical instrument. Explain that you are not concerned with their artistic abilities, but you would like them to use their imagination and creativity.

After group members have completed their drawings and written their names on the banner, ask them to form small groups to share their drawings, then reconvene the large group for discussion.

“Discussion” Points:

1. What was it like to tell others about your strengths and weaknesses?
2. What did you learn about yourself?
3. What will you have to do to make sure that people remember you in a manner that you want them to?
4. What were the similarities and/or differences in male and female "Coats of Arms"?

Personal Coat Of Arms



ACTIVITY

Get The Picture?

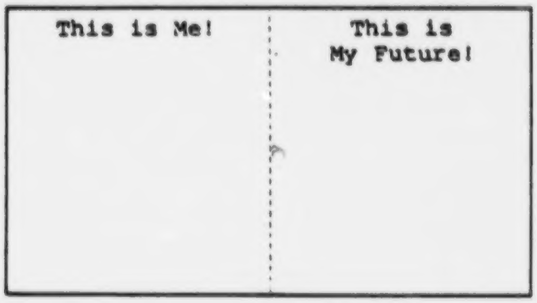
Purpose: To help teens become aware of themselves, their likes and dislikes, unique qualities, and future goals.

Materials: Newsprint sheets and markers for each group member; scissors and glue; discarded magazines, newspapers, catalogues, etc., for clipping.

Time: 40-50 minutes.

Procedure: 1,2,3:

Give each teen a piece of newsprint and a marker. Instruct teens to fold their newsprint sheets in half and write at the top of each half, "This is me!" and "This is my future!", as illustrated below:



Now tell them to cut pictures, words, drawings, and phrases from the magazines that symbolize things about themselves and their futures. For the side labeled, "This is Me!", examples might include physical traits and parts of the body, clothes, hobbies or achievements, personality traits, etc. These should all be glued into place to form a collage. For the other side, labeled, "This is My Future!", suggestions might include travel, personal possessions (e.g., cars or houses), children, careers, vocations, money, or any aspect of future life. These can be glued into place on the remaining side of the newsprint sheet.

"Discussion" Points:

1. Did anyone use positive and negative symbols for "me"? All positive? All negative? Why?

2. Is it difficult or easy to imagine what the future will be like?

3. Did anyone put the same or similar symbol on both sides to symbolize that "what is me today will be me in the future"?

ACTIVITY

Interview About Me

Purpose: To give teens the opportunity to learn what positive qualities others see in them.

Materials: Activity worksheet, "Interview About Me."

Time: Two or three days for individuals; 30 minutes for group discussion.

Procedure: 1,2,3!

Introduce this activity by telling your group that sometimes other people recognize our strengths even better than we do. Hand out the Interview Form and instruct teens to write their names in the center and then complete the box labeled "Myself" by writing in it those things which they like about themselves. Then tell them their task is to choose four other boxes on the form and "interview" the person described in it. During the interview, they are to ask the question "What are three things you like about me?" and record those answers in the appropriate box. Be sure you name a date and time by which the interview must be completed and arrange for a time to discuss this activity at your next meeting using the following discussion points.

"Discussion" Points:

1. How does it feel to learn what people like about you?
2. Were you surprised to learn about some strengths you didn't know you had?
3. Were you disappointed if no one mentioned a strength you consider important? How can you make people more aware of that strength?
4. Did more than one person name the same positive quality about you?
5. Do you remember to tell people around you what you like about them?

Interview About Me

In the box labeled "Myself," list three things you like about yourself. Then interview four of the remaining people and ask them to name any three things they like about you as a person. Write their answers in the appropriate boxes.

Myself	A parent or guardian	A brother or sister
An adult	______________ (Name)	A teacher
A neighbor	A male friend	A female friend

ACTIVITY WORKSHEET

Body Image

Purpose: To increase teens' awareness of their own physical selves; to help them become aware of the role the media plays in influencing our images of ourselves, and the role our image plays in affecting our behavior.

Materials: Discarded popular magazines for clipping; scissors and tape; newsprint or chalk board; markers.

Time: 40-50 minutes.

Procedure: 1,2,3!

Begin by dividing the group into same-sex groups. Give each group a piece of newsprint and a marker and instructions to list the parts of the body that members of their sex generally don't like. Allow five minutes for the groups to prepare their lists of "Things Girls Don't Like About Their Bodies" and "Things Boys Don't Like About Their Bodies." Then give the groups additional instructions to find examples in the magazines of members of the opposite sex they find attractive. Have each group make a collage of either "Attractive Men" or "Attractive Women." Display the lists and collages in the front of the room and bring the entire group together again for a discussion.

"Discussion" Points:

1. Are most women satisfied with their bodies? What about men? Why or why not?
2. Where do we get our ideas about what an "appealing body" looks like?
3. Is the way we feel about our own bodies influenced by what the opposite sex finds appealing and attractive?
4. Are there parts of our bodies we can change? Circle those on both lists.
5. What about the parts we can't change? Do parts of our bodies affect our humor, our intelligence, our friendliness or our ability to love and be loved?
6. Are there things about our lives that are affected by our bodies? Give some examples.

ACTIVITY

Work Skills Identification

Purpose: To enable teens to recognize that they have several "work skills" they may be unaware of.

Materials: 3" x 5" index cards for each participant; newsprint or chalkboard and marker; tape.

Time: 30-45 minutes.

Procedure: 1,2,3:

Introduce the activity by asking teens to raise their hands if they have one work skill they could list on a resume or share with an employer. As volunteers tell you about their work skills, list them on newsprint or on the board.

Now distribute index cards to each teen and ask them to think about one thing they are proud of that they have accomplished in the last year, then write it on the unlined side of the card. You will probably need to give them some examples to help them get started -- good examples include winning an award, performing in a competition, completing a volunteer task such as conducting a garage sale or raising money for a class trip, or helping with a job at home. After each teen has had time to recall an activity he or she is proud of, ask them to turn to a person sitting beside them and describe their activity. Instruct the pairs to brainstorm a list of skills or abilities that were needed to successfully complete their activities. Working in pairs, teens should think of necessary skills related to their own activity and write them on the lined side of the card. Each teen should have a turn to work with his or her partner and list necessary skills. Allow about 15 minutes.

When everyone has finished, ask for volunteers to come up and list their accomplishments and their skills on newsprint you have labelled "Work Skills." Keep the newsprint sheet displayed in the room and encourage teens to add new activities and related skills as they think of them.

"Discussion" Points:

1. Did most teens think of themselves as having work skills before this activity? How about after the activity?

2. Was it difficult to think of skills appropriate for each accomplishment? How does it feel to say, "I have these skills?"

3. Are there teens who feel they can add work skills to their own card after having seen the list generated by the group?

4. How can teens use the information about themselves and their work skills?

OPTIONAL Activities:

Discuss possible vocations that require some of the skills listed. Suggest that teens explore various vocations related to the skills they identified.

CHAPTER 2

CONGRATULATIONS CLASS OF 7
GRANDMA
MORENO AND SONS
MORENO AND SONS
911
s.a.

PERSONAL AND FAMILY VALUES:
What Is Important To Me?

CHAPTER OBJECTIVES

- *To learn a definition of "values"*
- *To learn what my own values are and where they came from*
- *To understand how my values affect my behavior*
- *To learn how to communicate my values to others*

PERSONAL AND FAMILY VALUES:
What Is Important To Me?

This curriculum challenges young people to take a close look at themselves, their lives and their future jobs and families, with the goal of helping them establish a plan for realizing their ambitions and dreams. However, in order for teens to know what they want from life, they must know what they value.

Our values are what we believe in. They are the things we are for and the things we are against. A clear understanding of our values enables us to make decisions consistent with what we believe; such understanding also helps us to resist pressure to conform to others' values and behavior. For example, if teens are aware that they value "making enough money to help my family", they may put more emphasis on education and study hard in school, a behavior that is consistent with their values, rather than "cutting" class with their friends.

Our values give meaning and direction to our lives. If we want teens to experience this, we must provide values education to help them become more aware of the personal, familial, religious, and social values that they hold. Studies show that students' beliefs do not change as a result of participation in values education as a part of a family life education course. On the contrary, students generally strengthen their belief in their own values.

Values education consists of three important steps: (1) Helping young people to identify their values; (2) Helping young people to feel comfortable sharing their values publicly; and, (3) Helping young people to behave in ways that are consistent with their values. The activities in this chapter provide opportunities for young people to identify their values and to share them with their peers. The curriculum as a whole is intended to motivate young people to put their values into action.

Values education can be a sensitive area in which to work with teenagers. As young people express their values and learn about those of others, they may feel some anxiety or discomfort and will look to you for support. Be sure to re-emphasize the ground rules that exist for all group activities, especially the following:

- Participants have the right to "pass" on any activity or part of an activity
- It is all right to disagree with someone but not to judge or put them down (see "Preliminaries" for a reminder of the ground rules).

If, in any activity, only one or two participants express a particular value while the rest of the group holds a different one, it is important for the leader to support the minority position. You might say: "Being in the minority can be risky, but it shows that you are strong enough to stand up for what you believe."

As the leader, you may be asked to express your own values in a given area. Whether or not you actually do so is up to you, but bear in mind your influence as a role model for the young people that you work with. When asked about your personal values, you may choose to throw the question back to the group ("I'm more interested in hearing what some of you believe. . . ."). On the other hand, if the agency you work for has taken a very strong stance on a certain issue, you may have a responsibility to express that value to the group.

Key Concepts In This Chapter

- Our values are qualities, characteristics, or ideas about which we feel very strongly.
- Our values affect our decisions, goals, and behavior.
- If we don't act according to our values, we may be unhappy.
- We get our values from family, society, religion, and others.

Teaching Tips

- Pay special attention when one or two teens express an unpopular or minority position and support their willingness to stand up for their values.
- If a particular value position is not expressed, it is your role to present that position convincingly for the group.
- When expressing your own position on any value question, make it clear that it is your personal value and not necessarily the "right" point of view.

ACTIVITY

Family Messages

Purpose: To help teens identify values and messages that people receive from their families.

Materials: 3 x 5 index cards with questions written on them; container for cards.

Time: 40-45 minutes.

Planning Notes:

Before you begin this or any other activity in the chapter, be sure that your group understands what values are. Ask teens to define the word "value." A good definition you might use to help guide the group is: a value is any idea or quality that is important, desirable, or prized. Tell the group that one way to know whether or not something is a value is to ask yourself these questions:

- Is it something you believe in?
- Are you proud enough of the thing you value to tell your friends?
- Did you consider other things when choosing your value?
- Did you make your choice freely -- no one forced you?
- Do you act according to your value -- do you practice what you preach?

If the group still seems to have trouble grasping the concept of a value, you might want to give a few examples and get at least one example from a teen in your group.

Procedure:
1,2,3!

On 3 x 5 cards, write the question "What does your family tell you about...?", and complete each question with one of the following:

- Grades in school
- Being male
- Being female
- Going out with someone
- Using drugs or alcohol
- Graduating from high school
- Getting married
- Having sex
- Getting a job
- Going to college
- Making money
- Having children

Example: What does your family tell you about grades in school?

You may want to add others of your own. Fold each card in half and put them all in a container.

Explain to the group that many of our values are learned from families and other people as we grow up and that we, in turn, pass our values on to others, such as our own children. Point out that sometimes our families give us messages about values indirectly, not by actually telling us to value something, but by acting a certain way or saying certain things. Introduce this as an activity that will give teens a chance to share the values they have received from their families.

Now ask for volunteers to choose a card and answer the question written on it. Based on knowledge of your group, you can decide to: (a) have each volunteer answer his or her question verbally before the group or (b) have each volunteer write the answer to his or her question on the back of the card. If you choose b, you should collect the cards and read each question and answer anonymously. Regardless of the method you use, you should demonstrate by answering one question with the value messages your family gave you before you ask a volunteer to do so.

"Discussion" Points:

1. Were there values in your family that were never really talked about openly?

2. Did you learn about different values from men and women?

3. Were there any values that were especially important to adults?

4. Was there one value that you thought was especially important? One that you still think about often?

5. Which of the values would you want to give to your son or daughter? How would you do that?

OPTIONAL Activities:

How "tuned in" to their families' values are teens? Have the members of your group find out by asking them to choose three or four items from the above list and "interview" adult members of their families. Teens can ask parents or other relatives what they actually think about these items, and what messages they got from their family (the teens' grandparents). At your next meeting, remember to ask the group what they found out from their family members.

Rank Your Values

Purpose: To help teens become more aware of what they value.

Materials: Activity worksheet entitled "Rank Your Values" for each participant; scissors; tape; pieces of colored 8-1/2 x 11" paper; envelopes (optional).

Time: 30-40 minutes.

Planning Notes:

You may want to cut the value statements on the worksheets into strips and place them in envelopes before you meet your group. An alternative is to have scissors for each participant and let them cut the statements into strips themselves.

Procedure: 1,2,3!

Be sure each teen in your group has a packet of value statements before you begin. Tell the group that one way to find out what you value is to be forced to decide between certain things and select the one that is most important, the one that is second most important, and so on. Have each teen sit at a table or floor space large enough to lay out all the value statements. Then tell the participants to look over the statements carefully and begin to move them around until they have a list with their most important value at the top and their least important value at the bottom, like this:

______________________________ most important

____

____

____

______________________________ least important

Caution them to work slowly and think carefully about each statement. They can change the order of the statements if they change their minds -- the ranking should show how they really feel about the statements. When teens finish ranking the statements, they should tape them in their final order to a piece of paper.

"Discussion" Points:

1. Was it easiest to choose the "most important" value or the "least important" value? Why?

2. Are there values on the list that you've never really thought about before?

3. Were you surprised by your feelings about any particular value? Which one?

4. Would you be willing to share your completed values list with a close friend? A boyfriend or girlfriend? A parent? Why or why not?

ACTIVITY WORKSHEET

Rank Your Values

Instructions: Cut into strips along the dotted lines.

Making it on my own

Getting good grades

Preparing for my future

Getting along with my parents

Getting married

Living by my religion

Being artistic or creative

Making money

Being popular with my friends

Having sex with someone I love

Getting a job I really like

- -

Being good in sports

- -

Having children

- -

Making new friends

- -

Having my own car

- -

Values Voting

Purpose: To encourage teens to explore their personal values.

Materials: Floor space; "Values Voting" Leader Resource Sheet; newsprint for signs (optional).

Time: 60 minutes.

Planning Notes:

As you conduct this activity, keep in mind the teaching tips at the end of the chapter introduction.

Procedure: 1,2,3!

This activity is different from "Family Messages" in two ways: it deals with values that are more complex, and it requires a public sharing of personal values. This activity will therefore give the young people in your group a chance not only to express their values, but also to discuss the relative merits of different values.

As with other activities in this chapter, review with your group the points that are made about values in the introduction to the chapter. You might mention again that people who value something feel good about what they believe in, are comfortable telling other people what they value, and act according to their values -- they practice what they preach.

Explain to the group that in this activity they will be asked to express their feelings about particular values. Designate three areas of the room to be called "agree," "unsure," "disagree" (you may want to put up signs to indicate them as such). Explain to the group that you are going to read several value statements; as you read each one, you want them to think very carefully about how they feel about each statement and then move to a section of the room depending on whether they "agree", "disagree", or are "unsure." Let them know that you will be asking for volunteers to describe their feelings about the statements, since one characteristic of a value is that a person can tell others about it. Emphasize that there are no right or wrong answers, only opinions. Everyone has a right to express his or her opinion, as long as no one is put down for having a different value. Be sure to mention that participants have the right to "pass" if they would rather not vote on a particular value (point out that "passing" is not the same as being "unsure"). Let them know also that they can change their vote at any time.

Read the first statement on the Leader Resource Sheet. Once they have had a chance to think about it and move to a section of the room, ask for volunteers to explain why they voted as they did. After some discussion, ask if anyone would like to change their vote if they have not already done so. Continue with the rest of the statements or do as many as seems appropriate. You may also want to make up statements of your own if you think they may be more suitable to your particular group.

"Discussion" Points:

1. Did you know right away how you felt about each statement or did you have to think about each one?

2. Did you ever change your mind?

3. Did anyone else in the group influence your "vote"? (Talk about how peer pressure can interfere with a person's freedom to express his/her own views.)

4. Does your behavior back up your values? Do you practice what you preach?

5. How did you feel about the diversity of values in your group?

6. Is it harder for teenagers to express their values in front of peers or in front of parents?

Values Voting

Here are suggested statements to use in the Values Voting Activity. Choose as many as are appropriate for your group and for the time you have. Add others if they seem relevant.

1. You can get a good job without finishing high school.
2. Women should help pay for dates.
3. Men can make good secretaries and nurses.
4. It's not what you know but who you know that counts when it comes to getting a job.
5. Having a baby is a great way to get attention.
6. In a family, the man should be responsible for financial support.
7. Using birth control is a woman's responsibility.
8. There's no point in planning since life is a game of chance.
9. It is very important to continue education after high school.
10. Men who father children should share the responsibility of caring for them.
11. It is wrong to have sex if you're not married.
12. Fathers should always help change diapers and feed the baby.
13. Teenagers should not have babies.
14. You should only have sex with someone you love.
15. It's not OK for a man to cry.
16. Having a job that you like is more important than making a lot of money.
17. Women should stay home and raise children if they decide to have them.
18. A boy who has not had sex by the time he is 17 is weird.
19. Male/female relationships were better off before the "women's liberation" movement started.
20. Women should not get jobs that men have always had.

21. Teenage girls who get pregnant should give their babies up for adoption.

22. A pregnant teenager has the right to decide whether or not she wants to have an abortion.

23. Using birth control means a woman plans to have sexual intercourse with lots of men.

24. Getting pregnant proves that a woman is in love with a man.

25. A person who decides not to have children is selfish.

26. A man who never becomes a father is not a real man.

Values Auction

Purpose: To help teens learn what they value most.

Materials: Copy of "Values Auction" Activity Worksheet for each participant.

Time: 30 - 40 minutes.

Procedure: 1,2,3!

Hand out the worksheets. Tell the group that one way to know which values are really important is to assign monetary "value" to them. Ask if anyone knows what an auction is and have him or her describe it to the rest of the group. Then explain that in this exercise they will have $10,000 in imaginary money to spend in a "values auction." They can bid on any of the values listed on the activity sheet, bidding the most money on those most important to them. They must remember, however, that they cannot spend more than $10,000 in the whole auction. For example, if they "buy" a value for $4,000, they only have $6,000 left to "spend" on others.

Then open the bidding on the first value; read it to the group and ask if anyone is willing to bid $100. Tell the group that bids must be in quantities of $100 or more. When someone bids $100, ask for $200, and so on. This should be done in a lively and spirited manner, with a certain amount of humor. If you like, after you have auctioned off the first value, ask for a volunteer from the group to be the "auctioneer." Continue the auction until someone has "bought" each value on the list. Be sure that the group writes down how much each value costs in the spaces provided on their activity worksheets. They will want to compare costs at the end of the exercise.

"Discussion" Points:

1. Was this activity hard to do? Why or why not?
2. Some people spent all of their money on one or two values, while others spent it on several. Why?
3. How can knowing which values are most important to us affect our lives?
4. What values were most important to the group as a whole?
5. If your parents participated in the auction, what values do you think they would "buy"?

ACTIVITY WORKSHEET

Values Auction

Pretend that you have $10,000 to spend in an auction where the only things to buy are values. When your group leader "opens the bidding," you can use that money to purchase any of the following values that are important to you. Remember, once you have spent your $10,000, you can no longer buy any of the remaining values.

	My Highest Bid	Group's Highest Bid
1. Doing only what my religion says I should do.		
2. Being a virgin when I get married.		
3. Having good health all my life.		
4. Getting a job I like.		
5. Having children of my own.		
6. Not doing anything to hurt my parent or parents.		
7. Having a good sexual relationship.		
8. Having a partner who really loves me.		
9. Getting the best education I can.		
10. Making a lot of money.		

ACTIVITY

Values And Vocations

Purpose: To illustrate the link between personal values and vocational choices, and to help teens think about what vocations might interest them.

Materials: Copies of "Values and Vocations" Activity Worksheet for each participant; newsprint; markers; tape.

Time: 40 - 50 minutes.

Procedure: 1,2,3!

Spend a few minutes reviewing with your group what you have discussed in the previous exercises on values: What are values? Where do they come from? and so on. Then explain to the group that values have a great deal of influence on the decisions we make, including our decisions about which jobs to choose.

Distribute the worksheet ("Values and Vocations") that accompanies this activity. On it are examples of work-related values. Explain to the teens that you would like each of them to decide which values would be most important to them in choosing a job, and which would not be important to them at all. Ask them to circle the values that are most important to them and put a line through the values that are not important to them at all.

Divide the group into four or five smaller groups. Have several sheets of newsprint prepared, each with one of the work values from the worksheet written on the top. Give each group two sheets of newsprint with values on them. Tell the group that under each value they should list all of the jobs a person with that particular value might choose. They may use the list of jobs on the other side of the worksheet as a guide, but they should also try to think of other jobs for each value. Encourage them to ask questions if any of the jobs listed are unfamiliar to them.

When the teens are finished, post the lists on the wall where everyone can see them. Spend a few minutes discussing the lists.

"Discussion" Points:

1. Was it hard finding jobs to match the values?

2. What jobs are listed under several different values?

3. What value was the easiest to find jobs for? The hardest?

Now have participants turn over their worksheets and look again at the values they circled. Ask the group to pay close attention to the lists of vocations that match their individual values.

4. Is anyone surprised at the jobs that fit his or her values?

5. Did anyone already know that certain jobs would fit his or her values?

6. Are there values that most teens consider important in choosing a job?

7. Are there anv values which most girls think are important? Most boys? Why?

OPTIONAL Activities:

You might want to arrange for one or more speakers to address the group following this activity. Their purpose would be to share with the group their experience in working in a job or profession that is closely related to their personal values. For example, you might get a lineman (or a linewoman) from the telephone company to talk with the group about the value of working outdoors and how that fits with his or her job. Another good example would be a celebrity (i.e., sports, media, politics) who could talk about the value of being in the public limelight. Perhaps you know someone who is dissatisfied with his or her job because it doesn't fit with their personal values--you could invite that person to share their experience with the group as well.

ACTIVITY WORKSHEET

Values And Vocations

Here are some things that people might value and want to consider in choosing a job. Circle the three values that would be most important to you in choosing a job, then put a line through those values that would not be important to you at all.

Helping other people

Being creative or artistic

Having a daily routine that doesn't change much

Earning a lot of money

Becoming famous

Working with people all the time

Being able to influence other people

Having job security

Being able to work when you want

Doing something that adds beauty to the world

Working outdoors

Finding adventure

Being able to learn new things

Being known as an intellectual person or a "thinker"

POSSIBLE VOCATIONS

- Merchant Marine
- Flight Attendant
- Teacher
- Beautician
- Social Worker
- Phone Connector
- Athlete
- Truck Driver
- Landscape Architect
- Cashier
- Secretary
- Office Manager
- Architect
- Retail Clerk
- Dental Assistant
- Lawyer
- Librarian
- Newspaper Reporter
- Musician

- School Counselor
- Accountant
- Worker on Assembly Line
- Counselor
- Executive
- Tour Guide
- Plumber
- Veterinarian
- Waitress
- Writer
- Free-Lance Writer
- Airplane Pilot
- Bank Teller
- Hotel Manager
- Bricklayer
- Construction Worker
- Cosmetologist
- Truck Driver
- Taxicab Driver

- Overseas Government Agent
- Florist
- Typist
- Welder
- Playground Supervisor
- Jewelry Repair Person
- Mail Carrier
- Clergy
- Cook
- Ambulance Driver
- Model
- Auto Mechanic
- Police Officer
- Carpenter
- Photographer
- Medical Technician
- Dancer
- Pharmacist
- Firefighter

ACTIVITY

Film: "A Little Help From My Friends"

Purpose: To allow teens to explore the meaning of friendship, differences in values, and the impact of peer pressure within a friendship.

Materials: Projector, screen, and film: "A Little Help From My Friends" [Agency for Instructional TV] or another film of your choosing.

Time: 30-45 minutes.

Planning Notes:

See "Resources" section of the curriculum for ordering information.

Procedure: 1,2,3!

Briefly discuss peer pressure and differences in values among friends. Ask group members for examples. Introduce the film. Ask the students to look for examples of peer pressure and value conflicts in the film.

"Discussion" Points: (If you use the suggested film.)

1. How were the two boys different? Who did you like best? Why?

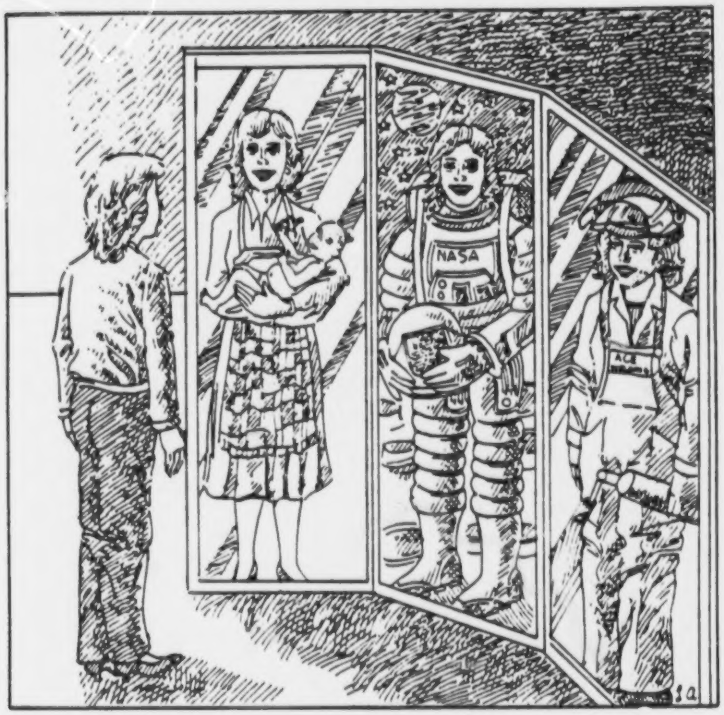
2. How did their values differ about friendship, girlfriends, work?

3. Do boys experience different pressures than girls do? If so, what kinds?

4. Give examples of pressures on males in this society (pressure to excel in sports, pressure to "score" with girls, etc.).

5. How can you decide when a friendship is not in your best interest?

CHAPTER 3



MALE OR FEMALE:
Is My Life Already Planned?

CHAPTER OBJECTIVES

- *To learn about sex roles and stereotypes that exist*
- *To understand how stereotypes affect our options in the workplace and in relationships*
- *To examine my own thinking about "maleness" and "femaleness"*

INTRODUCTION

MALE OR FEMALE:
Is My Life Already Planned?

One of the greatest barriers that young people face as they think about their futures is their perception that they are limited in what they can do with their lives. Teens may believe that future plans don't have any meaning for them because they have no hope for a real future. They may feel their lives hold too few "options" for a variety of reasons, but an important factor they often believe will limit them is their gender.

Traditional ideas about which roles are appropriate for men and women in the work place, the family, or personal relationships are often called "stereotypes." Stereotypes can limit our dreams and expectations. Young men may believe they have to behave in certain ways in order to be "masculine," such as being interested in mechanical or analytical vocations rather than the arts and social sciences, being emotionally in control as opposed to being sensitive and vulnerable, or being the dominant partner in a relationship. For young women, stereotyped role expectations may include choosing the so-called "helping" professions (such as teaching, nursing, or social work) over other vocations, being nurturing and considerate of others' feelings while ignoring their own needs, or submitting to the preferences and demands of a male partner in a personal or work relationship.

The tragedy of this stereotyped thinking is that it is learned very early and is extremely difficult to overcome. Many adolescents have already established patterns of behavior and future plans for themselves that are consistent with traditional sex role expectations. If we want young people to overcome stereotyped attitudes about their adult roles as men and women, we must help them recognize that traditional patterns are changing and that they can take on non-traditional jobs, careers, and family roles. For example, a man can play a major role in caring for an infant and a woman can learn to make home repairs. Partners in a relationship can share the responsibility for decision-making and can learn to consider their own and each other's needs. And men and women can pursue vocations once considered only appropriate for the "opposite" gender.

Young women, especially, must deal with the fact that there are few role models for them to look up to. Though the 1980s have seen for the first time a woman on the Supreme Court, a woman in space, and a woman nominated for national office by a major party, these instances are isolated and treated as extraordinary events by the media. Only when the presence of women in such occupations is commonplace will young women know that they can strive for the jobs that only a few years ago were considered "men's" positions.

Long-standing social attitudes can be difficult to change. Most adults raised in an environment where traditional sex roles were the norm will find evidence of stereotyped ideas and behavior in their own lives. Yet adults can play an essential role in helping young people become aware of, and overcome, their perceived sex-role limitations. Young men and women will need help to see that new options are possible; they will need support from adults and peers if they pursue a non-traditional path. This chapter is intended to aid leaders in the process of making teens more aware of stereotypes and more comfortable with non-traditional sex roles. For those youth from lower income families or from cultures with very strong sex role traditions, changes in thinking and behavior may be less rapid but are possible.

Key Concepts In This Chapter

- Even though there has been a great deal of discussion about sex roles and sex stereotypes in recent years, stereotypes still exist today in personal relationships, in families, and in the workplace.
- Overcoming sex stereotyped thinking is critically important to two areas of our lives: (1) male/female relationships and (2) selection of a vocation.

Teaching Tips

- Keep in mind that young men generally find it more difficult to overcome sex stereotypes than young women. Reinforce all teens in your group for being non-sexist in their behavior towards each other and in their thinking about their futures, but take special care to notice when male group members exhibit non-sexist behavior.
- Be very sensitive to the cultural background of teens in your group; remember that some teens come from families where traditional sex roles still exist and are reinforced.
- Take advantage of your community resources--bring men and women who work in non-traditional roles into your program as role models.

ACTIVITY

Lecturette On Stereotypes

Purpose: To make teens more aware of stereotypes.

Materials: Newsprint and markers or chalkboard; examples of sex stereotypes from magazines, newspapers, advertisements, etc.

Time: 20-25 minutes.

Procedure: 1,2,3!

Begin this lecturette by asking teens to define the following terms from their own experience. Suggested definitions are given below so you can help the group to refine their definitions.

sex: is often used to refer to one's gender, which is either male or female.

sex role (or gender role): everything a person says or does, consciously or unconsciously, to express maleness and femaleness.

stereotype: the belief that all people that belong to a certain group (e.g., gender, age, race) do or should act alike; does not allow for individuality.

discrimination: showing prejudice against or partiality toward a group of people.

Ask teens if they can think of examples of stereotypes or discrimination. If they don't mention racial or ethnic, age, and sex role stereotypes and discrimination, you may want to give examples of each. Point out that stereotypes influence they way people treat (or discriminate against) one another.

Explain that stereotypes also influence the way we feel about ourselves, how we behave, what we believe we can do, and what goals we set for ourselves. Point out that if teens believe they are limited in what they can do with their lives because of their gender, then they will probably set different goals for themselves, either consciously or unconsciously. Because sex role stereotypes can severely limit our expectations of ourselves, as well as the goals we hope to achieve, it is important that we become more aware of them. Once our awareness increases, then we may be able to overcome some of our "stereotyped" thinking.

Finally, ask teens where they think we learn stereotypes. Their answers should include family, friends, and the media. Share with the group the examples of sex role stereotypes that you found in the media: men playing aggressive sports, ads depicting men or women in traditional work roles; magazines or record albums depicting women or men as sex objects; women as fashion models, etc.

Answer any questions teens may have before going on to the next activity.

OPTIONAL Activities:

Have teens look for other examples of sex role stereotypes in magazines or at home; also have them look for examples of non-traditional sex roles for men and women. Allow time to have the group make two collages of the pictures at the next meeting and discuss the differences.

ACTIVITY

I'm Glad I Am/If I Was...

Purpose: To help young people become more aware of their feelings about their gender.

Materials: Newsprint and markers or chalkboard; masking tape.

Time: 30-40 minutes.

Procedure:
1,2,3!

Divide the group into several small, same sex groups. Ask each group to come up with as many endings as they can for the following sentences:

Boys' Groups -- "I'm glad I'm a man because..."

Girls' Groups -- "I'm glad I'm a woman because..."

Give an example to help the groups get started. Have each small group record the endings on a sheet of newsprint. Allow about 10 minutes, then ask the groups to think of as many endings as they can for another sentence:

Boys' Groups -- "If I was a woman, I could..."

Girls' Groups -- "If I was a man, I could..."

Have the groups record endings to the second sentence in the same way. Allow 10 minutes.

Now ask for volunteers from each group to tape their group's sentences on the board in the order indicated below:

Girls' Responses		Boys' Responses	
I'm Glad I'm A Woman Because...	If I Was A Man I Could...	I'm Glad I'm A Man Because...	If I Was A Woman I Could...

"Discussion" Points:

1. Were any of the responses the same for both genders?

2. Was it harder for boys or for girls to come up with reasons why they are glad of their gender?

3. Was it harder for boys or for girls to state the advantages of being the opposite gender?

4. Which of the advantages of being a man are real reasons and which are stereotyped reasons?

5. Which of the advantages of being a woman are real reasons and which are stereotyped reasons?

6. Is it possible to be a man and still have or do some of the things listed under "woman"?

7. Is it possible to be a woman and still have or do some of the things listed under "man"?

8. Can you think of a woman you know who has some of the traits listed under "man"?

9. Can you think of a man you know who has some of the traits listed under "woman"?

10. What is masculine? Feminine? Are these different than "male" and "female"? What does it mean to be "androgynous"?

ACTIVITY

Stereotypes Scavenger Hunt

Purpose: To have young people meet and learn about people who are in traditional and non-traditional roles.

Materials: Copy of "Stereotypes Scavenger Hunt" worksheet for each participant.

Time: Several days to complete worksheet; 20-30 minutes to discuss with the assembled group.

Procedure:
1,2,3!

Begin this activity by explaining that it will give the group a chance to get acquainted with people who have chosen traditional and non-traditional vocations. This activity is intended to take several days to complete, perhaps even a week or more. Instruct your group to find as many of the people on the list as they can and get their signatures. Encourage them to be as resourceful as possible -- they can consult their parents, their parents' friends, their friends' parents, other relatives, etc. You can expand this exercise if you want: if participants find people in non-traditional roles that are not on the list, they can add them to the list.

When teens have completed the worksheet as best they can, be sure to set aside time to discuss it with the assembled group.

"Discussion" Points:

1. Was it hard finding people for this exercise?

2. Were there any people that you especially liked or admired?

3. Did you find more men or women in non-traditional roles?

4. Is it easier for men or for women to take on non-traditional roles?

5. How did the people you met feel about themselves and their work?

OPTIONAL Activities:

Have teens "hunt" for other examples of stereotypes that exist, such as stereotypes about an ethnic group or age group (e.g. elderly). Give them the opportunity to meet a variety of people in order to learn that stereotypes are not always true.

Examples might include a person who:
- is bilingual in English and Spanish.
- lives with a great-grandparent.
- celebrates Passover.
- has a sister or brother who is physically handicapped.

ACTIVITY WORKSHEET

Stereotypes Scavenger Hunt

To complete this activity you must "hunt" for adults in your family, school, club, church or synagogue that match one or more of the characteristics below. When you find someone who can fill the first characteristic, "Is a full-time wife, mother, and homemaker," have her sign her name in the space beside characteristic #1. Then complete the whole list -- find as many people as you can. When you get their "autographs," ask each person two questions: (1) How do you feel about the career choice you have made? and (2) Why did you make your decision?

Autographs — Find Someone Who . . .

____________________ 1. Is a full-time wife, mother, and homemaker.

____________________ 2. Is a female physician.

____________________ 3. Is a female nurse.

____________________ 4. Is a male nurse.

____________________ 5. Is a man who teaches nursery school.

____________________ 6. Is a married woman who plans not to have children.

____________________ 7. Is a father who stays home to take care of his baby part or all of the time.

____________________ 8. Is a female dentist.

____________________ 9. Is a female sports fan.

____________________ 10. Is a female sports player.

____________________ 11. Is a male secretary.

____________________ 12. Is a man who is a full-time artist.

____________________ 13. Is a male company executive.

____________________ 14. Is a female company executive.

ACTIVITY

Gender Roles And Relationships

Purpose: To help teens examine how gender roles affect the ways people react in relationships with others.

Materials: Activity worksheet, "Gender Roles and Relationships--Sample Case Studies."

Time: 30-40 minutes.

Procedure: 1,2,3!

Distribute the worksheet. Divide the class into small groups and ask each group to choose a recorder. Assign one of the five case studies to each group. Choose a teen in each group (a good reader) to read the situation out loud to their group. Each group should consider these two questions:

- o How would you react to this situation?
- o How would your parents have reacted to this situation when they were young?

After 10 minutes, reconvene the groups to discuss how they reacted to the situations.

"Discussion" Points:

1. Ask for volunteers to explain why they reacted the way they did and how they thought people would have reacted to the situation 20 years ago.

2. How are things different today?

3. What do you think has caused the change?

4. How have changing gender roles affected relationships between men and women? Do you think these changes are good or bad?

OPTIONAL Activities:

Ask teens to share their perceptions of the way people might have reacted to these situations in the 1960s with their parents and to get their parents' reactions to the situations. Discuss the activity during the next class.

Gender Roles And Relationships
Sample Case Studies

1. Mike is about to ask Laura out for the first time. He would like to go out for pizza and then to a movie. Mike thinks Laura should help pay for the date. What should he do? What should she do?

2. Jennifer has been interested in Bob for the last few months. She thinks he might like her too, but he seems too shy to ask her out. She has thought about calling him and asking him to go out, but she's afraid of looking too "pushy." What will happen if she asks him out?

3. Janet and Ross have been married for 2 years. Both have always worked. Now Janet is pregnant but wants to go back to work as soon as she can after she has the baby. Ross wants her to stay home for a while until the child starts school. What should Janet do?

4. Ricky has just been approached by a woman at a party. She seems nice. She asked him to dance several times and invited him to her house after the party. Although Ricky likes her, he doesn't feel quite ready to go home with her and face the possibility of a sexual relationship. On the other hand, he doesn't want to look like a "sissy." What should he do?

5. Sam was thinking of buying his 3 year old brother a Cabbage Patch doll for his birthday. They looked real cute in the store. However, when he mentioned it to his buddy, Jack, Jack said, "You don't give dolls to little boys." What should Sam do?

ACTIVITY

Sex Roles In The World Of Work

Purpose: To help teens examine vocational options available to them and to help them become more aware of how sex role stereotvpes might affect their choices.

Materials: Newsprint and markers; activitv worksheet with "Average Annual Salaries" or Occupational Outlook Handbook; 3x5 index cards; pencils.

Time: 30-40 minutes.

Procedure: 1,2,3!

Begin the activity without any real explanation of what it will be about. Pass out index cards to each person in the group. Ask each teen to think of those jobs he or she would most like to have as an adult and write them anonymously on the 3x5 index card. Then ask for a volunteer to collect the boys' cards and record all the boys' responses on one sheet of newsprint and a second volunteer to collect all the girls' cards and record their responses on another sheet. Once a job is recorded, a check should be made each time it is mentioned. (Ex.: Computer programmer X X X X X)

Now break teens into two small groups. Have them look up the salaries of the 10 most commonlv named vocations on each list (using the Activity Worksheet on "Salaries" or the Occupational Outlook Handbook) and record the salaries beside each job. (Ex.: Computer programmer $21,000)

Bring the group back together for a discussion of what they learned.

"Discussion" Points:

1. Are the more "desirable" jobs on the boys' list or the girls' list?

2. What does this tell us about how boys and girls see their job futures?

3. Are there salarv differences between the 10 most popular jobs on each list? What does this mean?

4. Are there some jobs on both lists?

5. Are there jobs only men or only women should do? Why or why not?

6. What jobs on the girls' list are "off-limits" for boys because of sex role stereotypes?

7. What jobs on the boys' list are "off-limits" for girls?

8. Can boys or girls get "off-limits" jobs anyway? How will they feel? What does the law say?

9. Does anyone want to exchange one of his or her "most wanted" jobs for another after doing this activity?

Average Annual Salaries

Business

Accountant	$19,500	Auditor	$19,700
*Bank Teller	10,800	Bank Officer	28,600
Buyer (Retail/Wholesale)	19,500	*Shipping Clerk	14,560
Insurance Underwriter	21,500	Receptionist	10,500
Secretary	13,960	Typist	11,793
Telephone Operator	10,500	*Stenographer	17,240
Public Relations Specialist	17,000	Bookkeeper	11,700
Personnel Information Specialist	$24,300		

Math and Science Fields

Architect	$28,600	Engineer	$26,300
Mathematician	23,400	Chemist	21,100
Geologist	22,800	Meteorologist	14,390
Biological Scientist	16,800	Physicist	14,390
Agricultural Scientist	17,000	Forester	14,400
Surveyor	10,500	*Farm Manager	16,400

Social and Community Occupations

Urban Planner	$18,400	Lawyer	$29,000
Legal Assistant	14,400	Economist	20,000
Psychologist	16,000	Sociologist	16,000
Social Worker	19,300	Recreation Worker	15,000
Minister	18,000	Rabbi	25,000
Priest	5,000	Child Care Worker	6,970
Firefighter	17,300	Police	18,000
Correction Officer	15,600	Security Guard	11,500
Mail Carrier	18,530		

Education

*Elementary School Teacher	$23,090	Librarian	$18,790
*Secondary School Teacher	24,280	*Library Technician	16,900
Assistant College Professor	24,600	College Instructor	19,200
*School Counselor	27,590	Teacher Aide	12,480

Service Industry

Hotel Manager	$30,000	Custodian	$11,700
Bartender	10,600 +tips	Cosmetologist	7,280
Waiter/Waitress	9,400 +tips	Cook/Chef	9,400
Barber	14,000	Flight Attendent	13,000

Transportation

Bus Driver (large city)	$17,600	Flight Engineer	$16,000
Bus Driver (small city)	14,190	*Airplane Copilot	29,000
*Truck Driver	21,440	*Airline Pilot	80,000
Air Traffic Controller	17,800		

Arts and Entertainment

Broadway Actor/Actress	$18,200	Museum Curator	$21,800
*Stage Director	22,000	Writer	16,400
Radio/TV Announcer	12,000	*Graphic Artist	18,600
*Broadcast Technician	17,160	Photographer	18,200

Health Care

Physician	$44,400	Dentist	$26,400
Physician Assistant	20,500	Dental Hygenist	12,860
Registered Nurse with B.A.	18,760	Dental Assistant	11,460
Registered Nurse	16,040	Chiropractor	15,000
Licensed Practical Nurse	13,600	Occupational Therapist	18,900
Nursing Aide/Orderly	10,500	Physical Therapist	19,600
Medical Assistant	7,000	Speech Pathologist	21,800
Medical Record Tech.	13,200	Lab Technician	13,800
Resident	22,000	Veterinarian	24,700
Dietician	18,980	Emergency Medical Tech.	14,520
Pharmacist	24,700	Optometrist	27,000

Mechanic/Repairer

General Maintenance Mechanic	$12,480	*Auto Body Repairer	$25,000
Appliance Installer/Repairer	9,360	Telephone Installer/Repairer	16,640
Musical Instr. Repairer/Tuner	9,000	*Farm Equipment Mechanic	15,100
Coin Machine Servicer/Repairer	6,970	Office Machine Repairer	13,000
*Industrial Machinery Repairer	25,650	Shoe Repairer	13,000

Computers

Computer System Analyst	$31,200	Computer Programmer	$20,020
Computer Service Technician	24,960	Computer Operator	17,680

Sales

Cashier	$ 6,970	*Real Estate Agent	$19,000
Travel Agent	10,000	Retail Sales	6,970

Trades and Crafts

°Carpenter	$16,900	°Electrician	$22,880
°Iron Worker	22,360	°Painter	16,120
°Plumber	21,060	°Glazier	17,160
°Roofer	14,820	°Sheet Metal Worker	21,060
Butcher	22,880	Welder	20,800
*Printing Press Operator	27,830	Upholsterer	6,970
Electrical Technician	13,000	Drafter	12,600
°Construction Worker	19,080	Assembly Line Worker	17,680
Blue Collar Worker Super.	23,920	*Typesetter	15,700

*Wastewater Treatment Plant Operator 18,700

Enlisted Military Personnel $15,700

These are approximate entry-level salaries according to the Occupational Outlook Handbook (1986), U.S. Department of Labor, Bureau of Labor Statistics, with the exceptions of the following:
* These are averages for the entire profession. Entry-level averages not available.
° These are averages for the entire profession. Apprentices earn 1/2 of this amount at start, and then receive incremental raises until they reach full salary.

ACTIVITY

Media Messages

Purpose: To help teens recognize some of the messages that TV sends about sex roles and relationships.

Materials: Activity worksheet entitled "Media Messages" for each participant.

Time: One night for participants to complete worksheet; 30 minutes for discussion.

Planning Notes:

Before making the assignment for this activity, consult your newspaper so you can suggest several television shows that teens might watch.

Procedure: 1,2,3:

Without a lot of explanation, assign two hours of television viewing to the group. Tell them the two hours must include 5 commercials, a show about a family, and a daytime or evening show about couples and relationships.

Distribute the "Media Messages" worksheet to each participant and instruct them to complete it as they complete the television viewing assignment. You may want to go over one example of a commercial with the group so they understand what is expected of them in this activity. Tell the group that they are to bring their completed worksheets to the next meeting where you will discuss what they have learned.

"Discussion" Points:

Part I:

1. What kinds of activities were the men and women engaged in?

2. Were there any patterns in the way the men and women were depicted?

3. What kinds of products were women selling? What were men selling?

4. Do you think commercials are realistic?

Part II:

5. What roles did men and women play in the shows about the family?

6. Who was the dominant person in the families? Was anyone playing a non-traditional role?

7. Do you think the family you saw seemed real?

Part III:

8. Who were the characters that were involved in romantic relationships on the shows about couples? What kind of relationships did they have?

9. Were any of the couples portrayed in the shows married? To each other?

10. How realistic do you think these people and their romantic relationships were?

11. Do you think TV reflects the values of your family members? Of your friends?

ACTIVITY WORKSHEET

Media Messages

1. Watch 5 television commercials and fill in the blanks below. One example is given to help you get started.

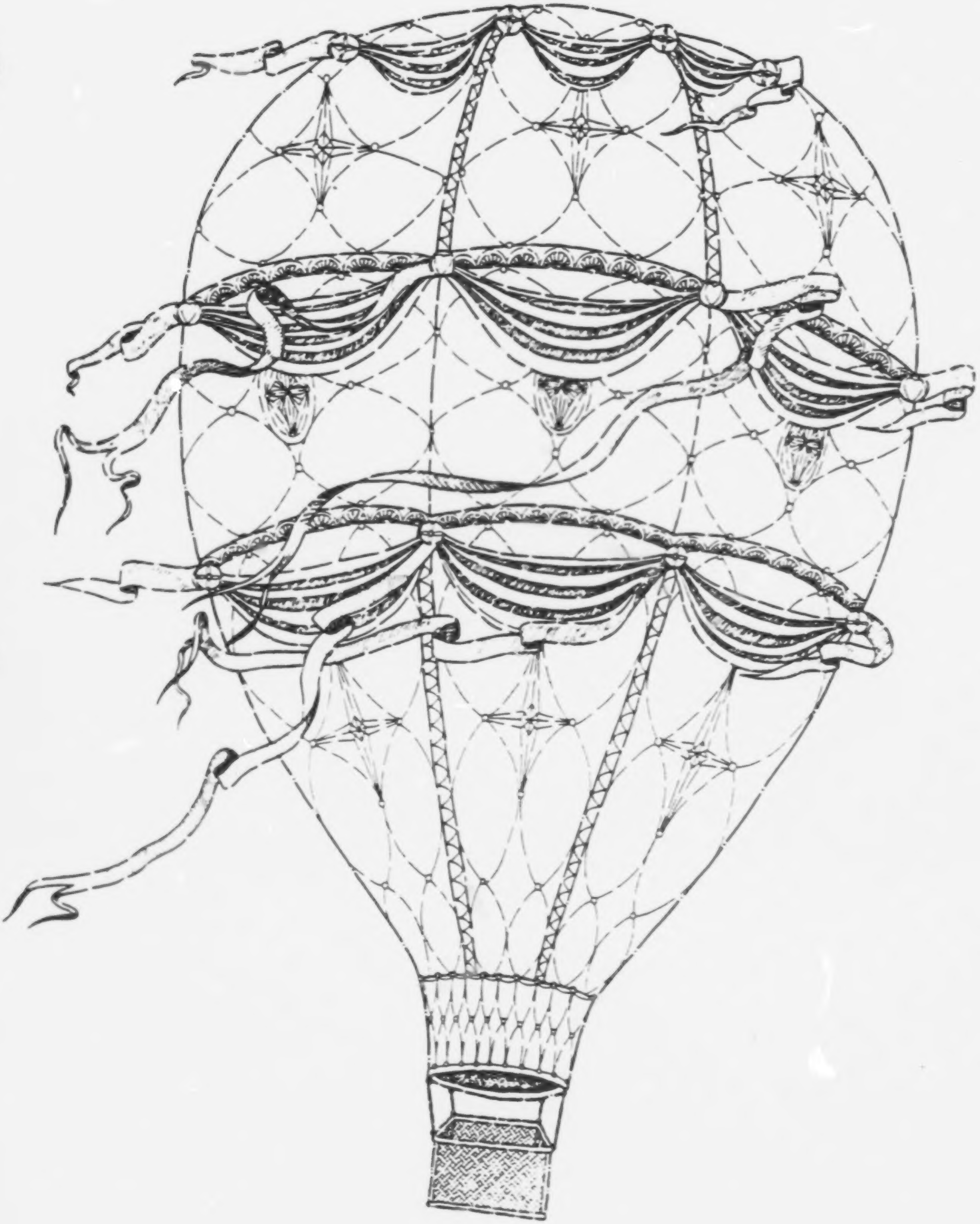
	Name of Product	Role of Character	Sex	Location
Example	Floor Wax	Housewife	F	In the kitchen
Commercial #1				
Commercial #2				
Commercial #3				
Commercial #4				
Commercial #5				

2. Now, watch a TV show about a family and describe the main characters.

Name of Show	Character	Sex	Characteristics and Actions

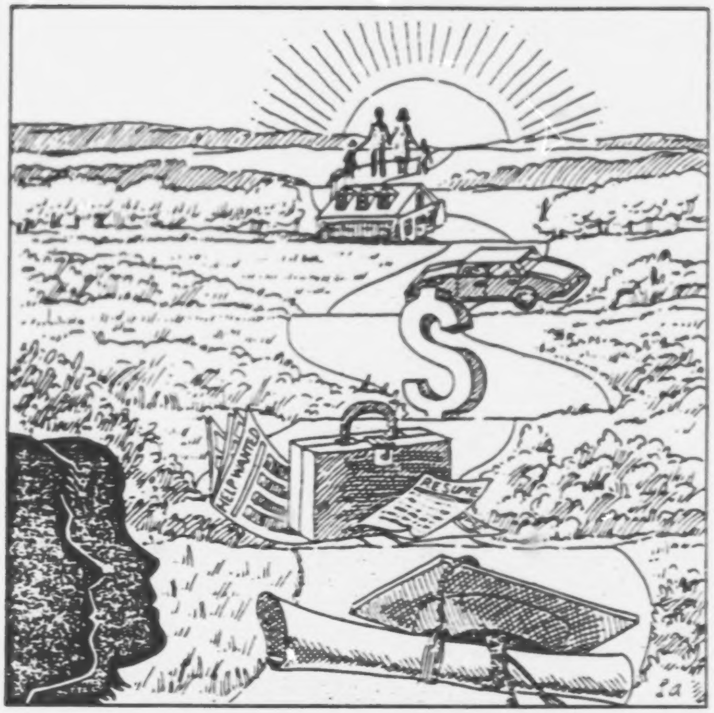
3. Finally, watch a daytime or evening show about couples and relationships. What "messages" about love and sex did you see or hear?

Name of Show	Messages about Love and Sex



Unit II: Where Am I Going?

CHAPTER 4



GOAL-SETTING:
What Are My Goals For Myself?

CHAPTER OBJECTIVES

- *To identify my long-term and short-term goals*
- *To practice goal-setting*
- *To learn how to achieve my goals*
- *To think about how parenthood might affect my goals*

GOAL-SETTING:
What Are My Goals For Myself?

Once young people have had a chance to learn something about their values, skills, and interests, it is time to help them set some goals for themselves.

Everyone sets goals in their lives. Goals are defined by the Random House Dictionary as "achievements or accomplishments towards which our efforts are directed." Whether goals are short-term (to be achieved in a week or a day) or long-term (to be achieved in a lifetime), they often provide the framework with which many decisions can be made and further self-knowledge can be gained. These are desirable things for teenagers, yet goal-setting skills can be elusive to some. Teenagers often lack the ability to project themselves into the future, to get an idea of where they are going, or even to think of themselves as "going" anywhere. Adolescence is, by definition, an unstable time during which teens need structure as well as the opportunity to become more independent. As teenagers are given more responsibility and challenges to face, they need the ability to imagine their futures, and the skills to set reasonable goals for their personal growth.

As you go through this chapter with teens in your group, you may want to stress the following four points about goal-setting:

- Goals should be specific -- Know exactly what it is you want to achieve.
- Set time limits -- Know when you will want to have achieved your goal.
- Make your goals reasonable and manageable -- You can eat an elephant if you take it one bite at a time!
- Be positive -- Try to achieve, not to avoid.

The following analogy, quoted from an innovative curriculum for young people entitled Self-Discovery may be helpful as you introduce the concept of goal-setting:

> "In a way, your life is like being out on a wide river in a canoe. If you just drift along, the current will keep you afloat. Every once in a while you'll bump into a piece of land where you can stay until you're ready to climb back into the canoe. Some places you land may be nice, but others may be miserable -- full of mosquitoes, no trees for shade, no wood for a fire, and too rocky to pitch your tent.
>
> "Suppose you want to get to a beautiful island you've heard about that's shady and breezy, with plenty of wild berries, and more than enough firewood. It's not likely you will get there if you keep drifting. You will have to chart your course. You may

> have to go into a side stream and paddle, sometimes against the current. It will be much harder than lying back, drifting, and just watching the scenery go by.
>
> "But your rewards will be great. You'll know where you're headed and how to get there. You'll find the paddling easier because you can picture the pleasures that are waiting for you. Sometimes you'll take a wrong turn and get a little lost, but your maps and charts will help you find your way back. And your reward will be reaching your goal, beaching your canoe, and enjoying all the beauty of your private island.
>
> (From Self Discovery, G. Gussin and A. Buxbaum, Management Sciences for Health, 1982, p. 6.)

Remember that goal-setting is an extremely important part of the life planning process, and also one of the most difficult for teenagers to grasp. Try not to be discouraged; some teenagers may not master this skill for years to come, but what they learn in this chapter will be of value to them for the rest of their lives.

Key Concepts In This Chapter

- A goal is defined as something that a person wants to accomplish and works toward. A goal is not really a goal unless energy is directed towards it.
- There is a relationship between one's values and future goals.
- Decisions made now can and do affect future goals.
- All goals involve making decisions and taking risks. No one really knows what the future will bring. However, by thinking about the choices and knowing enough information to weigh the risks and benefits, a person has a better chance of ending up in a happy situation.

Teaching Tips

- Remember that teens have difficulty with the concept of "future" -- keep discussion and examples as concrete as possible. You can help them to do that by giving them very specific guidelines, for instance, "Imagine what you will be doing the day after school is out next June;" or, "Think about something you want to buy before your next birthday."
- Many of the activities in this chapter ask teens to imagine a future time in their lives.
- Encourage your group to set reasonable goals--ones that they can realistically achieve. An important part of goal-setting is the sense of accomplishment that comes from achieving goals.

ACTIVITY

Short-Term Goals: My Contract

Purpose: To help teens become familiar with the concept of goal-setting and to contract for achievement of a short-term goal.

Materials: "Contract" worksheets for each participant; bulletin board or wall space to display contracts; tape or thumb tacks; stars or stickers (to be placed on each contract when it is completed).

Time: 20-30 minutes to introduce the activity; 2-4 weeks allowed for completion; 15-20 minutes to discuss at end of the time period.

Procedure: 1,2,3!

Tell the group that this activity will give them a chance to practice goal-setting by developing a contract with someone else in the group. Divide the group into pairs so teens can work in teams of two. Distribute the "Contract" worksheet to each teen, ask them to think of one short-term goal they would like to accomplish in the next two, three or four weeks (you, the leader, must decide the time period). Examples of short term goals might include losing two pounds, completing a difficult school task, doing a project in the house, or spending some time with a special friend or relative.

Working in pairs, have each teen fill out their "Contract" by doing the following:

- o Write in the short-term goal you have chosen;
- o Fill in the date by which the goal must be met;
- o Talk over your goal with your partner and list three objectives, or specific steps which would enable you to achieve your goal;
- o Sign your contract and have your partner "witness" it.

Allow enough time (10-15 minutes) for each teen to develop a contract, then have them display their contracts on the bulletin board or some display area.

Bring the group back together to discuss the activity at the end of the allotted time period. Put a sticker or star on each completed "Contract" to signify its successful completion (you may want to award different colored stars to those who complete only one or two objectives; you may also want to give an "extension" of time to teens who fail to complete their contracts in the alloted time).

"Discussion" Points:

1. Is it easier to accomplish something if you take it one step at a time? Why or why not?

2. Does it help to have a friend to encourage you?

3. What happens if you fail to achieve your goal? What can you do then?

4. What are reasons why we sometimes fail to achieve a goal?

5. How does it feel when we do achieve a goal we set for ourselves?

ACTIVITY WORKSHEET

Short-Term Goals: My Contract

I, ______________________________ being of healthy mind and body, do
(Name)

hereby declare my intention to achieve the following short-term goal on

or before ________________________
(date)

My goal is to

____

____

____

To achieve my goal, I will complete the following objectives:

1. ____

____

2. ____

____

3. ____

____

Signed ____

Witnessed by ____

Date __________________________________

ACTIVITY

My Life: Past And Future

Purpose: To help teens examine past events in their lives and begin to set long-term goals for their futures.

Materials: Newsprint; magic markers.

Time: 30-40 minutes.

Procedure: 1,2,3!

Give each teen a piece of newsprint and a magic marker. Remind the group of the concept of goal-setting -- that is, deciding what we want to do and by when -- and tell the group that this activity is designed to help them begin thinking about long-term goals. Define long-term goals as "goals that can't be accomplished in a short period of time, like a few days or weeks" and ask for several examples from the group.

Now direct the teens' attention to the newsprint and give the following instructions:

> "Think about your whole life and create a timeline, beginning with the first 'big day' in your life -- your 'birth' day! Draw a line on the newsprint and divide your 'life' into four sections, like this:
>
> ¶-----------¶-----------¶-----------¶-----------¶
> Birth 10 20 30 After 30
>
> Now write down special dates or events in your life that have already happened, such as:
>
> - Your first day of school.
> - Your first friend.
> - The day you got an award or honor.
> - A time when your family moved.
> - Other family events (a special vacation, a new brother or sister, etc.).
>
> You may even want to draw a small symbol of the event on your calendar."

Allow 10-20 minutes for each member of the group to draw a timeline and write in dates and major events that have already happened in their lives.

Next, instruct teens to include on their timeline future events that they hope will happen in the next few years, before age 20. They may want to include things like:

- o Graduating from high school.
- o Buying a car.
- o Entering the military service.
- o Having a special boyfriend or girlfriend.
- o Starting college or vocational training.

Allow another 10 minutes or so for teens to record future events.

Finally, instruct teens to add the special events they have been dreaming about for the future. Encourage them to indicate when on the timeline they want these future events to happen, in their 20's or after 30, but remember that the "future" is often a very vague concept that is difficult for most teens to grasp. Suggest that teens might want to include events such as:

- o Renting their first apartment.
- o Getting their first full-time job.
- o Taking a trip or special vacation.
- o Getting married or living with someone.
- o Having a baby.

Allow 10 more minutes for teens to finish their timelines. Discuss the timelines using the points below. Teens may want to display their timelines in the room or hold them up to share with the group.

“Discussion” Points:

1. Do we have much to say about what happens to use in the early years of our lives, up to age 10, for example? Why or why not?

2. How about the second ten years of our lives? Do we get to set goals for ourselves and work toward them in our teen years? Why or why not?

3. Is it more difficult to set goals for our teen years or our 20's? 30's? Why?

4. Did many teens list similar future events on their timelines?

5. At what age are most teens planning to get their first full-time job? Get married? Have a baby?

6. Are there any differences between what boys and girls say that they expect to achieve in the future?

7. Look at the teen years on the timeline (between 10 and 20) -- would anyone's timeline change if he or she was to become a parent this year?

OPTIONAL Activities:

Take the timeline home and share it with a parent or parents. Ask what future events they would like to see happen to their son or daughter and when.

ACTIVITY

My Ten-Year Class Reunion

Purpose: To give teens the opportunity to think about what goals they would like to accomplish within the next ten years.

Materials: Copy of "My Ten-Year Class Reunion" worksheet for each participant.

Time: 30-45 minutes.

Procedure: 1,2,3!

Begin by distributing the worksheet to each teen. Tell the group to imagine they are going to attend their 10-year class reunion. Explain that "reunion" is a big celebration that everyone in the class is invited to 10 years after they have graduated from high school. They must use a lot of imagination and think about what it will be like 10 years from now, when they are in their 20's.

Challenge teens to be as realistic as possible -- they should try to answer the questions on the worksheet the way they want the answers to really be in 10 years. It may be difficult for a teenager to know what his or her occupation will be in 10 years, but encourage teens to think about all the possibilities and about what they would like to be doing. Point out that their hopes for the future may be goals they want to set for themselves.

Allow 5-10 minutes for teens to complete the worksheet. Then have the group break into pairs to share the things they have written on their worksheets. (An optional way to conduct this activity is to ask for volunteers who will role play themselves meeting each other again at the class reunion. They can use their worksheets to guide the conversation, but you will want to help them and give them a few minutes outside the group to prepare.)

"Discussion" Points:

1. Is it difficult to imagine your future? Why or why not?

2. Do some people have a clearer idea of what they want their future to be like than others?

3. What makes most dreams come true? Is it luck, or is it hard work and planning? Give examples of each.

4. How does a person feel if he or she can't ever achieve a certain goal? Do you know anyone like that?

5. Are there things you can do now to help make your dreams come true in the future?

ACTIVITY WORKSHEET

My Ten-Year Class Reunion

To answer these questions, think about what you would like to tell your friends when you see them again in 10 years.

1. In ten years my age will be ____________________

2. My job will be (be as specific as possible) ____________________
____
____

3. To get my job I had to ____________________
____
____

4. My specific responsibilities will be ____________________
____
____

5. My approximate annual income (or my family's) will be ____________________

6. My most important personal possessions will be ____________________
____

7. My family responsibilities will be ____________________
____

8. I'll tell my friends that of my experiences in the last five years, the best have been ____________________
____

ACTIVITY

Making A Dream Come True

Purpose: To help teens realize what steps can be taken to achieve a goal.

Materials: "Making a Dream Come True" worksheet for each person; pens or pencils; guest speaker (someone who has achieved an important goal in his or her life).

Time: 1 hour.

Planning Notes:

Be sure to let your group know ahead of time that you have invited a guest speaker, in order to allow them to be on their best behavior. Prepare your speaker by giving him or her some background about the Life Planning Education program and about the other chapters you have covered or will cover. The speaker may be able to include comments on values, self-esteem, sex role stereotypes, and decision-making as well as goal setting. It is especially important that the speaker share his or her experience as a parent and how it has related to achieving personal goals. Ask the speaker to use the steps outlined on the Worksheet as a guide, and to address specifically the steps necessary to reach a goal as well as the difficulties encountered.

Procedure: 1,2,3!

Introduce the guest speaker to the group and explain that this is a person who has achieved a dream in his or her life by identifying a goal and then working towards it. Allow 30 minutes for the speaker to talk to the group and answer questions. Then distribute the worksheet to each teen and ask them to spend 5-10 minutes completing it. If teens seem to have trouble completing the worksheet, ask for one volunteer to share a goal aloud and have the group work together to answer all the questions. Be sure to allow others an opportunity to share their goals if they want to.

When everyone has finished, have the guest speaker lead the discussion of the following points with you:

"Discussion" Points:

1. What happens to the person who doesn't set any goals for his or her life?

2. Is setting goals all that is necessary to achieve them?

3. What happens if you fail to achieve a goal? Do most people achieve all of their goals? Why or why not?

4. How can you tell if a goal is worthwhile?

5. Who are people that can help you reach your goal?

ACTIVITY WORKSHEET

Making A Dream Come True

Think of a goal -- something you have dreamed of accomplishing in your future. It can be any type of goal: educational, personal, or financial.

WRITE THE GOAL: Be very specific.

A TARGET DATE: When do you want to accomplish this goal?

EXPECTED BENEFITS: What are the ways that reaching this goal will help you?

PLANS: What are the steps that you need to take to reach your goal?

1.
2.
3.

DIFFICULTIES AND ROADBLOCKS: What are the things that might keep you from achieving your goals?

1.
2.
3.

SOLUTIONS: What actions can you take to overcome these difficulties?

1.
2.
3.

ACTIVITY

Life Plans

Purpose: To help teens become more aware of how parenthood affects life plans and goals.

Materials: "Life Plans" worksheet for each participant; pencils or pens; newsprint or blackboard (optional); masking tape (optional).

Time: 30-40 minutes.

Procedure: 1,2,3!

Give each participant the activity worksheet entitled "Life Plans." Explain that these are unfinished goal statements and ask teens to complete the sentences in their own words. Allow 10-15 minutes. Then ask teens to go back and read over each sentence and write a "P" in the blank by the goals that would be affected if they became parents within a year and an "N" by those not affected. Have them add up all the "P's" and "N's" and record their totals at the bottom of the handout.

"Discussion" Points:

1. How many have goals that would be affected by parenthood?
2. What kind of goals would not be affected by parenthood?
3. Does having a baby change a person's life? How?
4. Does parenthood affect females and males differently? How?
5. How does parenthood affect a teen's life differently than someone who is older?

Optional Procedure: 4,5,6!

On newsprint sheets, write several of the statements found on the handout, "Life Plans." Be sure to allow enough space to list the answers. Ask the teens as a group to think of answers to each statement. For example:

"I would like to finish..."
- high school
- my book report
- the project I'm working on

"I would like to be the kind of friend who..."

- has time for my friends
- people call with their problems
- gets invited to parties

Then proceed with the remainder of the activity in the same way.

ACTIVITY WORKSHEET

Life Plans

Complete the following sentences with those things that you think of immediately.

___ I would like to finish ____________________

___ By the end of the year I want to ____________________

___ By next month I'd like to ____________________

___ I'd like to have enough money to ____________________

___ What I want to change most about myself is ____________________

___ One thing I'd like from my boyfriend/girlfriend is ____________________

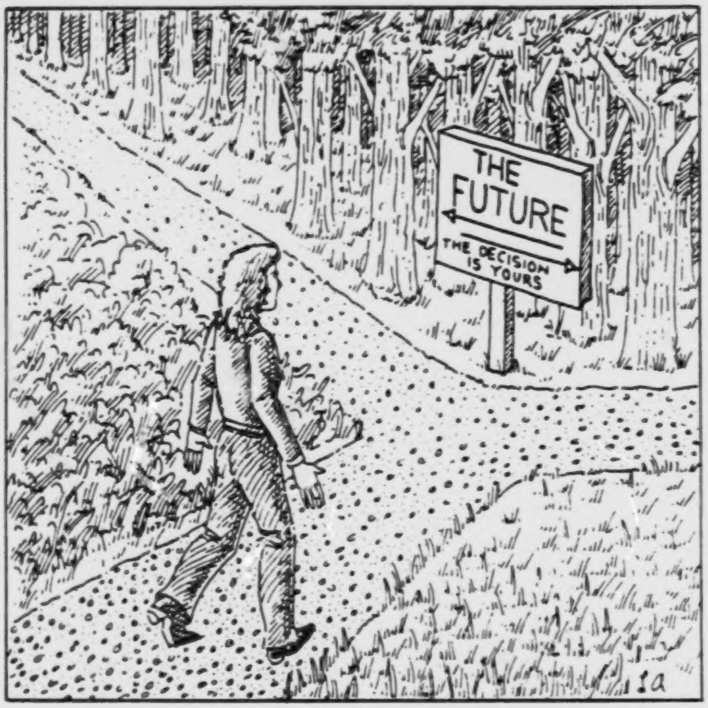
___ I'd like to be the kind of friend who ____________________

___ One thing I'd really like to try is ____________________

___ Some place I'd like to go is ____________________

___ One of my good qualities that I'd like to develop further is ____________________

CHAPTER 5



DECISION-MAKING:
How Do I Weigh My Options?

CHAPTER OBJECTIVES

- *To become aware of the process of decision-making*
- *To learn a model for decision-making*
- *To practice the steps in a decision-making model:*
  - *—gathering information*
  - *—predicting outcomes*
  - *—listing advantages and disadvantages*
  - *—making and evaluating the decision*

INTRODUCTION

DECISION-MAKING:
How Do I Weigh My Options?

Whether they realize it or not, teenagers are making decisions every day; some are very important, some less so. They may not even be aware of their everyday decisions like deciding what time to get up, what to wear, whether to eat breakfast or skip it, whether to get to class or work on time. As they grow older, teens will be forced to make more and more important decisions, some of which may have no simple answers; for example, whether to stay in school, to accept a job, or to be sexually active. For many teenagers these are difficult questions, and the solutions they choose may affect their lives in far-reaching ways.

Many of the tools needed for good decision-making are dealt with in other chapters of this curriculum: increased self-awareness, understanding personal and family values, goal-setting and communication skills. However, there are other factors relevant to decision-making that teens should be aware of:

- Information -- Teenagers need, and often lack, the knowledge necessary to make informed decisions. For example, a decision to take on a certain job might involve such issues as what salary is being offered, how much time is involved, and what skills are necessary. Teenagers may have a difficult time obtaining the information they need due to embarrassment, not knowing whom or where to ask, or even having their request for information denied because they are "too young."

- Social Pressures -- Teenagers can be heavily influenced by the opinions and values of those around them. Family, friends, media, religion -- all can give young people impressions of how they should act and think, impressions that are often contradictory. Teenagers can put these forces in perspective when making difficult decisions by recognizing and following their own values.

- Situation -- Adolescence can be a time characterized by impulsive decisions made in specific situations or crises. The stress of taking on adult responsibilities and challenges, and the sometimes strained relations with parents and peers, can lead teenagers to make decisions intended to "prove" their maturity or to assert their independence. Adolescents need to learn that the consequences of such decisions can be far beyond what they had expected.

Young people often make poor decisions that appear to be irrational or "for no good reason." Many of these poor decisions can be classified into several patterns:

- "I want to escape" -- a person chooses an alternative in order to escape something undesirable. For example, a girl does not go to the party because she is afraid no one will invite her to dance.

- "I'll put it off" -- making a decision by postponing it. For example, a boy puts off deciding how to complete his graduation requirements until the last semester of school.
- "It won't matter" -- pretending there is no need to make a decision. For example, not studying for a final exam even though it is very important.
- "I wish" -- choosing an alternative that could lead to a desirable result, regardless of the possible risk. For example, a teen chooses to have sex in the hope that he or she will be loved afterwards.

There is another, more effective way to make decisions that teens often overlook: evaluating different aspects of the problem and then making a decision based on that information along with their personal values.

This chapter provides an opportunity for teens to practice using a decision-making model that breaks down a decision into workable pieces. What teenagers need to learn is that using a structured model that evaluates possible outcomes of a decision leads to satisfying results more often than any of the other patterns above. Finally, teenagers must be aware of the consequences of the decisions they make: the immediate and long-term consequences and the emotional consequences, especially if a decision conflicts with one's basic values.

Key Concepts In This Chapter

- There are many alternative solutions for every problem or situation.
- Every decision, including "not making a decision," has a consequence.
- The best decision is usually one that is consistent with one's own values.
- Better decisions result from the use of a conscious decision-making process that examines alternatives.

Teaching Tips

- Try to help teens learn and practice the decision-making model even if they don't think they will use it.
- Encourage teens to examine some of their past decisions using the decision-making model--that should help them begin to view it as a relevant tool for decision-making.

ACTIVITY

The Bag Game

Purpose: To introduce teens to the decision-making process.

Materials: Four small paper bags numbered 1, 2, 3, 4. Each bag should contain an object: number 1 should have a banana; number 2, a soda bottle filled with water (with a lid), number 3, an onion (with some odor but not too strong!); and number 4, a dollar bill and an IOU for one dollar made out to the leader (so you get your dollar back). Try to have bag number 4 appear empty. The tops of the bags should be folded shut so no one can see inside.

Time: 20-30 minutes.

Planning Notes:

Don't let teens see you preparing the bags. When you introduce the activity be sure you handle each bag the same way (pick it up very carefully from the top and set it down in a line with the others) so teens will not be able to guess that some bags hold heavy objects and others do not.

Procedure: 1,2,3!

Introduce this activity as an entertaining experience in decision-making. Place the bags in a row on a table or on the floor in the center of the group. Ask for three volunteers from the group to come forward. Point out to the group that gathering facts is a very important step in making a decision, and that in this exercise the volunteers will go through four stages that will help them gather information and make a decision about which bag they want to keep.

Stage 1 - "Pick a Bag." Have each volunteer stand behind a bag that they choose. (There will be one extra bag.) Once this is done, ask the volunteers why they chose the bag they did. You'll probably get answers like: "It's a lucky number for me; it's my favorite number; it's the only one left." Point out that sometimes we make decisions without any information, but that isn't necessarily a good way to make decisions.

Stage 2 - "Lift the bag by its top only." This allows the volunteer to gather a bit more information based on weight. Now ask if they still want their bags after knowing what they weigh. If not, they can choose to trade with another participant or trade for the extra bag. Point out that sometimes we have more confidence in our decision if it is based on some information.

State 3 - "Feel the object through the bag and find out any other information you can without looking inside." This allows the volunteers to collect even more information about what is in their bags. Tell them that if they like what they feel inside, they may keep it. If not, they again have the option to trade. Point out that we have to make some of our decisions without knowing exactly what the outcome will be but after gathering as much information as we possible can.

Stage 4 - "Look inside the bag." This is the final stage. After finding out as much as they can without actually seeing the object, the volunteers are allowed to look inside their bags and pull out the object. Ask if they are satisfied with their choice. If not, they may still trade with each other or for the extra bag. Point out that even after a decision is made, there is sometimes an opportunity to change your mind.

“Discussion” Points:

1. Are decisions always easier to make if you have all the information?

2. Do we sometimes make a decision even when we know the outcome will not be good for us? Why?

3. Do we sometimes decide to do something because it is familiar to us and we know what we're getting into, like choosing the banana?

4. Do we ever make decisions only to find that we didn't have all the information we needed, like choosing the soda bottle with water in it?

5. Do we ever make decisions based on blind luck, like choosing the bag that seemed to have nothing in it? Such decisions may turn out well (dollar bill) or not so well (IOU).

6. What if there were other issues involved in the decision-making process? Ask the volunteers how their decisions might have been different if:

   -- they only had 15 seconds to examine the bags and choose one.

   -- their friends were pressuring them to choose a specific bag.

   -- their religion allowed them to pick only odd-number bags.

7. What are some other things that can affect a decision?

ACTIVITY

Predicting Outcomes

Purpose: To help teens think about the future and consider what the consequences might be if they made certain decisions.

Materials: Activity worksheet, "Predicting Outcomes," for each participant; pencils; newsprint or chalk board.

Time: 30-40 minutes

Procedure: 1,2,3!

Introduce the activity by pointing out that an important part of decision-making involves looking ahead "to see what might happen if I do this." It is necessary to think about what can happen after you make a decision -- this is called "predicting outcomes." Reassure teens that with a little practice, most people become good at making accurate predictions. The better you are at predicting outcomes, the better you will be at making decisions which result in the outcomes or consequences you want.

Begin by having teens name several decisions they have to make in the next 24 hours -- examples might include keeping a date with friends, completing an assigned task or chore, or deciding whether or not to talk about a problem. Write the decisions on newsprint and have teens name possible outcomes for each.

Now give each teen a "Predicting Outcomes" worksheet and ask them to take about 5 minutes and think about what each decision or action listed might mean for them personally. After five minutes, write the first action on newsprint and ask several teens to share their own possible outcomes -- list the possible outcomes beside the action. Repeat the process for the other actions -- add any additional actions or decisions that teens might suggest and have them consider possible outcomes for these, as well.

"Discussion" Points:

1. Do we usually look closely at possible outcomes before we decide to do something? Why or why not?
2. Were there teens who predicted similar outcomes for some of the actions?
3. Is it possible for some people to experience different outcomes for the same decisions? Why or why not?
4. Do people control their own "fate" or does "fate" have control over people's lives?

ACTIVITY WORKSHEET

Predicting Outcomes

WHAT WOULD HAPPEN IF...

Decision or Action	Possible Outcome
1. You graduated from school?	
2. You dropped out of high school?	
3. You went to college?	
4. You did not go to college?	
5. You joined the military service?	
6. You worked in a factory?	
7. You ran away from home?	
8. You got arrested for shoplifting?	
9. You never got married?	
10. You got married tomorrow?	
11. You got divorced after two years?	
12. You became a pro athlete?	

ACTIVITY

Making Decisions Step By Step

Purpose: To identify a model for making responsible decisions.

Materials: Newsprint and magic markers; copies of "Decision-Making Guide" and "Dilemmas"; Activity Worksheets for each participant.

Time: 40-50 minutes.

Procedure: 1,2,3:

Begin this activity by asking the group to brainstorm the ways that many people make decisions. Go over the following:

Ways in Which We Make Decisions

- By impulse
- By procrastinating, or "putting off" making a decision
- By not deciding
- By letting others make the decision for us
- By evaluating all choices and then deciding

Explore the advantages, disadvantages and possible consequences of each of these ways. Tell the group that the last way -- evaluating different aspects of the situation -- is the best process to use when you are making an important decision.

Now present the following model for decision-making. Write the model below on a piece of newsprint and put it where the entire group can see it.

Step 1 - Name the choices or alternatives involved in your decision.

Step 2 - Gather information about the decision. (Consider your personal values, your goals, and list what facts you need to know.)

Step 3 - List the advantages and disadvantages of each choice.

Step 4 - Make your decision and list your reasons for this choice.

Distribute the Activity Worksheets entitled "Decision-Making Guide" and "Dilemmas." Go through the model once using the "buying a car" example on your Leader Resource Sheet. Go over each step of the decision-making model and ask for group input at each step. Then break teens into small groups and ask each group to choose two dilemmas from the worksheet -- ask them to apply the decision-making guide to the dilemmas. Allow 10 minutes, then bring the teens back together. Ask each group to explain how they dealt with their dilemmas -- compare how different groups handled the same dilemma. Ask if anyone in the group will share a real "dilemma" they are facing or have faced. Apply the model to one or more real dilemmas from teens in the group.

Now discuss the following points:

"Discussion" Points:

1. Has anyone ever made a decision that didn't turn out well? Would the decision-making model have helped? How? Which step?

2. Do you think you could really use this model? (Point out that it may not be necessary for everyday decisions, but it will be extremely useful when making an important decision.)

3. How do you know if you have all the facts you need to make a decision? Who can you talk to?

4. Do our personal decisions ever involve other people? Give an example. How can we be sure our decisions don't hurt anyone else?

5. Do all our decisions turn out well? Remember that a mistake is just a decision that gets bad results.

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ACTIVITY WORKSHEET

Decision-Making Guide

Step 1: Name the choices or alternatives involved in your decision.

a. ____________________

b. ____________________

c. ____________________

Step 2: Gather information about the decision. (Consider your personal values, your goals, and what facts you need to know.)

____

____

____

Step 3: List the advantages and disadvantages of each choice.

a. Alternative #1: ____________________

Advantages ____________________

Disadvantages ____________________

b. Alternative #2: ____________________

Advantages ____________________

Disadvantages ____________________

c. Alternative #3: ____________________

Advantages ____________________

Disadvantages ____________________

Step 4: Make your decision and list your reasons for this choice.

____

____

____

ACTIVITY WORKSHEET

Dilemmas

1. James is in 11th grade. He has a chance to work in construction for six months with his older brother. He could make a lot of money, but the job has no future. He would have to drop out of school. What should he do?

2. Maria is 15 and is interested in going out with Tony. But he hasn't paid much attention to her and her friends say she has to wait until he asks her out. Can she make the first move? What should she do?

3. Carol is at a party with a group of friends. The party ends late, and she is one of the last to leave. Sam is supposed to drive her home -- he's not drunk, but he's had quite a bit to drink. Carol is hesitant about calling her parents because they might not let her ride home with Sam again. She doesn't have money for a cab. What should she do?

4. Keith is 15 and a new member of the basketball team. After winning a big game, the team captain, Jim, asks him to come to a celebration party. However, as it turns out, the party is small -- just 4 team mates and one girl, Josie -- who has a bad reputation at school. Later in the evening, after a lot of beers, Jim has sex with Josie. He calls his friends into the room also to have sex with Josie who is now crying. When Keith hesitates, his friends start to tease him. What should he do?

5. Linda is 15 and has been going out with Frank who is 19. She doesn't like boys her own age. Frank seems so "cool" and more mature. One night after a date, Linda considered inviting him to her house for a coke. Her mom is out for the evening and she is not supposed to have friends over when her mom is not home. Still, Frank seems like a very nice guy who wouldn't "come on too strong." What should she do?

LEADER RESOURCE SHEET

Decision-Making Guide
Should I Buy A Car?

Step 1: Name the choices or alternatives involved in your decision:

a. I can decide to Buy a new car.

OR

b. I can decide to Buy a used car.

OR

c. I can decide to Not buy a car.

Step 2: Gather information about the decision:

a. What are your personal values related to this decision?

I have wanted a car for a long time.

b. What are your goals related to this decision?

To have my own transportation and not rely on family and friends.

c. What facts related to this decision do you need to know?

How much money do I have? What will maintenance cost? What will insurance cost? How often will I use it?

Step 3: List the advantages and disadvantages of each choice:

a. Alternative #1: Buy a new car.

Advantages Works great, looks great, everyone is impressed; I'll be independent.

Disadvantages Expensive, I will worry about damaging it; I will be poor.

b. Alternative #2: Buy a used car.

Advantages Less expensive than new car; I'll be independent but less poor.

Disadvantages Could be a lemon; may require more maintenance than a new car.

c. Alternative #3: Don't buy a car.

Advantages Save money, hassle.

Disadvantages Still dependent on family and friends for transportation, could get stuck without a ride.

Step 4: Make your decision and list your reasons for this choice.

I'm going to buy a used car -- it's cheaper, and I can do some of the maintenance myself, but I'll be independent.

ACTIVITY

Film: "Running My Way"

Purpose: To give teens an opportunity to explore dating pressures and decision making.

Materials: 16mm projector and film, "Running My Way" (Children's Home Society of CA).

Time: 40-50 minutes.

Preview this film to determine 2 places to stop the film for discussion. We suggest: Tony's decision to allow Ray to use his home for a sexual encounter; Lisa's decision to attend Tony's unchaperoned party; Sandy's decision to have sex with Ray; or Lisa's decision not to have sex with Tony.

Procedure:
1,2,3!

Introduce the film. Tell the group that you will stop the film from time to time to help them think about several decisions. When you stop the film, ask the group what they think the character should do and why? Apply the decision-making model and have the teens work through each step. After the film, discuss the following points.

"Discussion" Points:

1. How realistic were the characters in the film?
2. Describe the relationship between Lisa and Tony.
3. Compare their relationship with the relationship between Sandy and Ray.
4. What kinds of pressures from friends, boy/girl friends, and parents did the teens in the film experience?
5. Sandy and Lisa reacted differently to the pressures to have sex. Compare the consequences of their decisions.

- OR -

ACTIVITY

Film: "Surrounded"

Purpose: To give teens an opportunity to explore peer pressures and decision-making.

Materials: 16 mm projector and film, "Surrounded" (Agency for Instructional TV).

Time: 40-50 minutes.

Procedure: 1,2,3!

Introduce the film by saying, "We will now see a film about a group of teenagers and the efforts of one girl and boy to be a part of the group." Stop the film just before the girl makes her big decision. Ask the group what they think she should do. Use the decision-making model. What are her choices? What are the consequences of each? After the film, discuss the following points.

"Discussion" Points:

1. How did the group pressure its members?

2. What did you think of the main character's decision? Did you agree or disagree? Why?

ACTIVITY

Have You Weighed Your Options?

Purpose: To allow teens to evaluate the reasons why a teenager would or would not decide to have sex.

Materials: Worksheet entitled, "Have You Weighed Your Options?" for each participant; newsprint; magic marker; Leader Resource Sheet, "Pros and Cons of Teenage Sexual Activity."

Time: 30-45 minutes.

Procedure: 1,2,3!

Introduce this activity by pointing out that failure to make good decisions about sex is one of the reasons that teens experience an unplanned pregnancy. Explain to the group that they have been talking a lot about good decision-making, and now they are going to look more closely at the specific decision to have sexual intercourse. Draw a copy of the worksheet diagram on a sheet of newsprint and tell the group that this is supposed to be a picture of a scale. The scale represents the two choices a teenager can make -- to have sex now or to wait until later to have sex. Ask the group to brainstorm all the reasons a teenager might give for saying "yes" to sex -- list all of their reasons on the left side of the scale.

Now ask the group to list all of the reasons why a teenager might say "no" to having sex. Record all of the group's responses on the right side of the scale. You may want to supplement their reasons with those on the Leader Resource Sheet.

Go back to the left side -- all of the reasons why someone might say "yes" to sex. Ask the group to eliminate all the reasons that are not "good" reasons for having sex. Help them evaluate the reasons, but accept all those that they think are good reasons.

Repeat the same process for the right side -- the reasons why a teenager might choose to say "no" to sex. Eliminate the "bad" reasons.

Now add up the reasons on each side of the scale. Tell the group that each good reason weighs one pound. Which way does the scale tip? (It should always tip to "no." If necessary, you can suggest additional reasons not to have sex.)

“Discussion” Points:

1. Are there pressures that influence our decision whether or not to have sex? What are they? (Sex drive; media messages; wanting to be grown up; lack of communication about sex from parents and other adults; lack of assertiveness skills.)
2. Is a sexual decision more difficult than another kind of decision? Why or why not?
3. Is it difficult to stick to the decision not to have sex? What can you do to follow through with that decision?
4. What does a person need to know/do if he or she is going to decide to have sex in a responsible fashion?
5. Point out that teens who say "yes" to sex must plan ahead so they can avoid all the consequences that are given as reasons for not having sex (e.g., pregnancy, STD, losing your reputation).
6. Can you change a "yes" decision to a "no" decision the next time you have to decide about having sex? How?

OPTIONAL Activities:

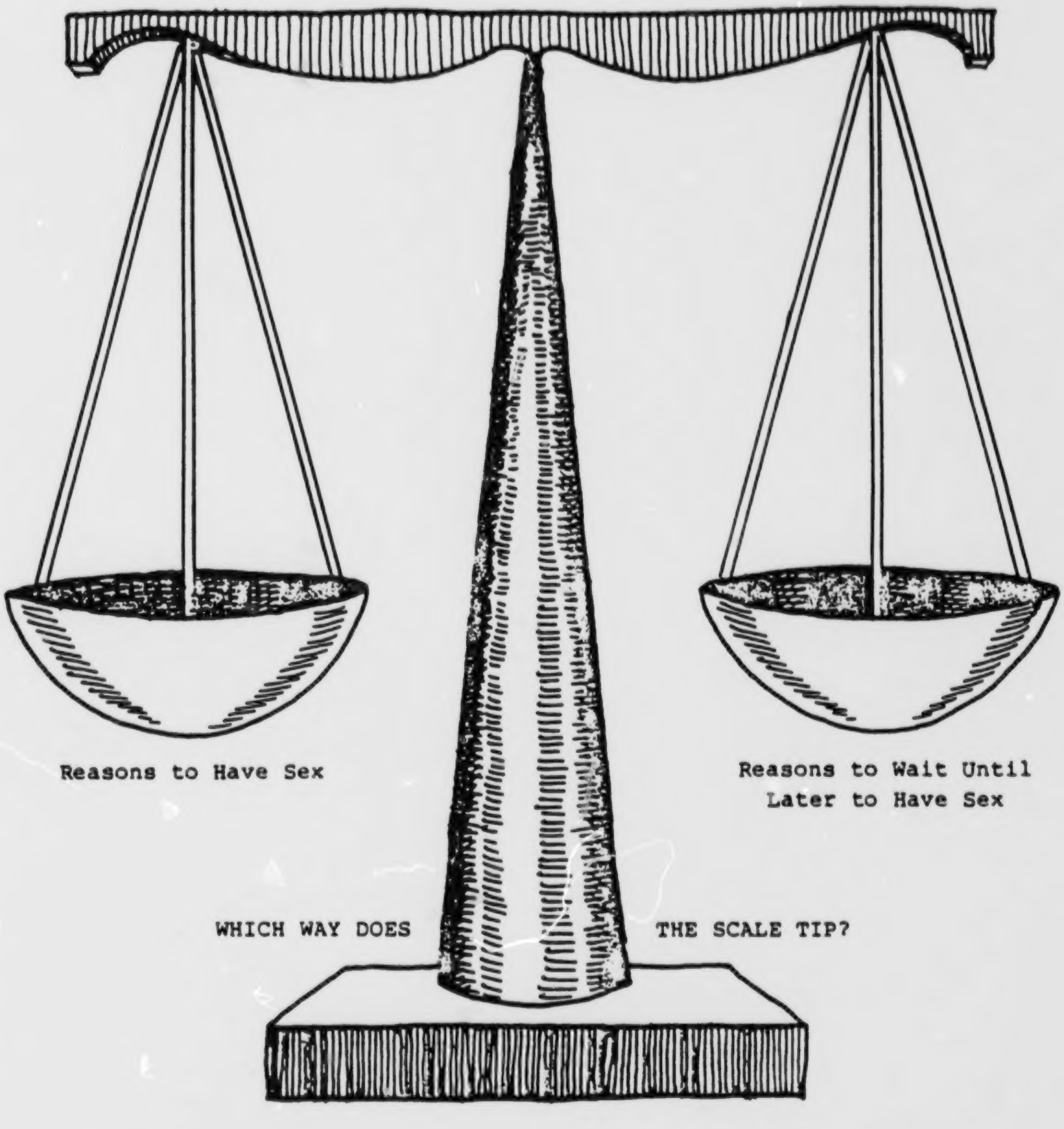
1. Use the scale and a similar procedure to "weigh" other decisions that teens in the group might be making or facing.
2. Have teens construct a list of possible barriers that might prevent them from following through with their decisions. Then have them come up with ways to overcome each possible barrier and have them role play several of the decisions, barriers, and actions to overcome the barriers.

Ex. Decision	Barrier	Action
I will never take drugs.	My girlfriend calls me a "chicken."	Tell her it sometimes takes more nerve not to do something.

Discuss how to avoid barriers before they occur and what elements barriers have in common (e.g., peer pressures, conflicting values).

ACTIVITY WORKSHEET

Have You Weighed Your Options?


Reasons to Have Sex
Reasons to Wait Until Later to Have Sex
WHICH WAY DOES THE SCALE TIP?

Pros And Cons Of Teenage Sexual Activity

Reasons why some teens become sexually involved:

- Pressures from peers
- To communicate warm, loving feelings in a relationship
- To keep from being lonely
- To get affection
- For pleasure or fun
- To show independence by rebelling against parents, teachers and other authority figures
- To hold on to a relationship
- To show that one is an adult
- To become a parent
- To satisfy curiosity

Reasons for postponing sexual involvement:

- It violates one's religious beliefs
- It violates one's personal values
- Don't feel ready for a sexual relationship
- Don't want to change the relationship with a boyfriend or girlfriend
- Don't want to risk a pregnancy
- Don't want to risk getting sexually transmitted disease
- Don't want to jeopardize future and educational goals
- Don't want to damage relationships with parents
- Don't want reputation changed
- Don't want to sneak around or feel guilty about having sex

CHAPTER 6

PARENTHOOD:
Is It A Job For Me?

CHAPTER OBJECTIVES

- *To examine how I feel about becoming a parent*
- *To learn about the responsibilities and costs of raising a child*
- *To learn about the special problems that come with being a teenage parent*

INTRODUCTION

PARENTHOOD:
Is It A Job For Me?

An issue central to teens' preparation for a fulfilling adult life is avoiding early parenthood. Teen parents often experience serious educational, vocational and financial problems, and teen mothers face the risk of increased health problems for themselves and their babies. The issues surrounding early parenthood apply not only to teenage girls but also so to boys. If a young man becomes a teenage father, he may need to drop out of school to help support his child, only to discover that when adolescents don't complete their education, they often find it extremely difficult to support themselves. Thus, a cycle of dependence may be established, one of depending on parents or relatives, or on public assistance.

Parenthood is a choice we make, and in today's society there is a wide variety of parenthood options. Some people may choose to become parents early. However, most teenage pregnancies are unintended and they occur when young people involved in a sexual relationship are misinformed about the risk of pregnancy and fail to use contraception. Other people delay parenthood until they feel they are fully prepared for the responsibility; some adults decide to remain "child free" and never have children.

As our society has changed, so has the family. Some of the parenting situations that exist today include: single parenting, parenting within marriage, adopting to become a parent, and step-parenting or having a blended family (where two single or divorced people decide to live together or marry, and bring their own children together as a family). There can also be a home situation where the grandparents live with the family. This is called an "extended family" and grandparents may help with or assume parenting responsibilities for their grandchildren.

Whether or not a person is a single parent or has other people to help support him or her in this role, parenthood is a big job with tremendous responsibilities. Teens often fail to recognize the reality of parenthood. They may have limited experience with child care; two hours of babysitting does not prepare them for the 24-hour job of parenting. They may have unrealistic ideas about costs associated with being a parent. Most importantly, they may have succumbed to the myth of the "Gerber baby" that is perpetuated by television shows and commercials that always present a healthy, smiling infant to the viewer.

Teens will be introduced to activities in this chapter that can help them gather information about the responsibilities of parenting. They will answer questions such as "Should I be a parent? If so, when? And how would that affect my life and the things I have planned?"

Key Concepts In This Chapter

- Parenthood can be wonderful and fulfilling, when people are prepared to be parents.
- Teenage parents generally face greater problems than older parents:
  - their babies are often born with health problems;
  - they often have to drop out of school;
  - they are less likely to find a job;
  - they generally become dependent on welfare.
- The problems of early parenthood affect young men as well as young women, but the responsibility of childcare usually falls on the young woman.
- Parenthood is a job that demands a lot of ability and responsibility.
- Parenthood is a decision that deserves careful thought and consideration.

Teaching Tips

- Be aware that not everyone experiences the traditional two-parent family.
- Remember that fathers are "parents" too and that men can play an important role in parenthood.
- Be sensitive to male and female teen parents that may be in your group.
- Don't forget that there are many positive aspects related to parenthood.
- Do your research on AFDC payments, welfare eligibility, and the legal rights of fathers before you begin this chapter because questions may arise from members of the group.

Wanted: A Job As A Parent

Purpose: To help teens become more familiar with the tasks and responsibilities of parenthood and to help them view parenthood as a "job."

Materials: Newsprint and markers; sample Classified Ad for employment; adequate space for role play.

Time: 50-60 minutes.

Procedure:
1,2,3!

Introduce the activity with the following comments and questions to the group:

> "Pretend you are an employer who wants to hire someone for the job of being a parent. You have to write an advertisement for the position. What qualifications would the job applicant need? Remember that parenthood is an important job because parents are building people, not parking lots or computer programs. There are certain skills and abilities that every parent needs."

Ask the group to take 5 minutes to brainstorm the qualifications for being the ideal parent of an infant or a young child. Be sure they consider both mothers and fathers when they brainstorm. Remind them that brainstorming means no discussion and no judgment, just presenting ideas. All ideas and suggestions should be written on newsprint as they are verbalized. When the brainstorming is completed, divide the group into 3 small groups and give each one a piece of newsprint and a marker. The task for each group is to write a "want ad" for the parent of a child under 4 years of age. When writing, each group should include the following:

- The number of hours a day the person will have to work.
- The skills that will be required.
- The equipment or machinery he or she will have to know how to use.
- The experience and resources he or she will need.
- The benefits that come with this job: salary, vacation days, overtime pay, or others.

Allow 10 minutes for small groups to write their "want ads." Review the three ads as a large group and write one final "want ad" that incorporates all the necessary qualifications. Then ask for 4 volunteers who will role play a job interview for the position of "parent." Three volunteers will play the part of an "interview panel" and one will play the role of "teenage job applicant." Ask the "job applicant" to leave the room while you and the group coach the panel. The goal is for the panel to be very firm about the qualifications needed to be a parent. Give the panel volunteers 10 minutes to prepare for the role play, using the following instructions:

> "Be polite and kind to the applicant, but be thorough in your questioning. Cover the following points:
>
> - Explain the job to the applicant, using the final "want ad" as a guide.
> - Ask for the applicant's qualifications (including experience, financial resources, living quarters, available time, etc.).
> - Discuss realistic benefits of the job (e.g. help from others, salary, overtime pay, vacation days, etc.).
> - Ask why the applicant wants the job at this time in his or her life.
> - Ask about his or her personal strengths and weaknesses as a parent."

While the panel goes outside the room to prepare, bring the "job applicant" back inside. Ask the whole group to help the "job applicant" prepare for the interview. Take a couple of minutes to brainstorm what the applicant needs to do and say, including the following points:

- Be enthusiastic about the job, but be honest in answering questions.
- Be polite and well-mannered.
- Discuss appropriate dress and behavior for an interview.

Arrange chairs in an appropriate setting so "interviewers" are facing the "applicant." Allow 10 minutes for the interview role play. When the panel has finished asking questions of the applicant, someone in the group may have a question he or she would like to ask. After all questions have been answered, the panel must decide whether or not the applicant is qualified for the job. Have the group react to the panel's decision. Do they agree or disagree, and why? What does the applicant need to learn or do before he or she could be a good parent?

“Discussion” Points:

The possibilities for discussion of parenthood, its responsibilities and its rewards are endless. Here are a few suggestions to get you started, but your own experience with young people and with the reality of parenthood--your own, your parents', your friends'--will serve as a guide, as well.

1. How can you learn more about the job of being a parent? Who can you talk to?

2. Are there other aspects of the "job" of parenthood you might want to consider?

3. Based on this activity, how many people who are parents are really qualified for the job?

4. Can you get fired as a parent? How? For what reasons?

5. What are some of the "bonuses" or "merit awards" parents can expect?

6. What is a parent's "working wardrobe" like? Does it differ for mothers and fathers? Why?

7. What promotions can you expect? How does the job change as children get older? Does work experience as a parent help you get another job?

OPTIONAL Activities:

1. Conduct the role play with a couple applying for the job of "parents".

2. Repeat the role play with an adult as the "job applicant."

ACTIVITY

Egg Babies

Purpose: To help teens understand what is involved in being a parent and to give them firsthand experience with parenting.

Materials: One raw or hard-boiled egg for each participant.

Time: 30 minutes to introduce activity; 30 minutes to discuss activity. Individually: suggested 3-5 days (leader may select own time frame).

Procedure:
1,2,3!

Introduce this activity by emphasizing to the group that it is designed to give them some firsthand experience with "parenting." Give each person in your group an egg, explaining that the egg will represent a newborn baby and that they are all to pretend they have just become "parents."

Prior to distributing the eggs, you may wish to slightly crack or put a hole in one end of one or two of the eggs to signify a handicapped or disabled baby. This is done to demonstrate that we are not always guaranteed a normal, healthy baby and should generate discussion about extra responsibilities required of parents with special-needs children. When handing out the eggs you may also want to let each teen flip a coin to determine the gender of his or her "egg baby", heads for females and tails for males. This is done to illustrate that a person does not get to choose the sex of a baby; there may be discussion later about whether or not the gender of a baby makes a difference and why.

Determine the period of time during which teens will be responsible for their egg babies. This will depend on your program but the activity works best when conducted over a period of days. Have a member of the group then read the "Baby Care Rules" to everyone.

"Baby Care Rules"

> "Each of you just received your own little egg "baby". For the next ___ days you will be totally responsible for your little "bundle of joy." That means you will have to keep it warm and dry and protect it from accidents. It means you have to know where it is at all times. It isn't fair to leave it in the refrigerator, or in your car--you have to treat it as if it were really a little baby. Actually, this will be a lot easier than having a real baby, because you won't have to feed it, change it, or get up with it in the middle of the night. But you must take it with you wherever you go, unless you are willing to hire a babysitter. If you have a babysitter, make sure he/she treats your egg like a baby."

Tell teens that they may decorate or "dress" their egg babies if they choose; a face drawn on the egg will give it more personality.

After the teens have cared for their baby for the prescribed period of time, conduct a 30-minute discussion session. This will allow teens to share their feelings and compare experiences.

You may wish to divide the group into smaller groups of 4 or 5 so that everyone gets an opportunity to talk about their experiences as "parents."

"Discussion" Points:

1. How did your "baby" change your daily routine? If you had a real baby, would you be willing to cut back on your social life and stay at home more?
2. How are you feeling about your "baby"? Do you have negative or positive feelings about the experience?
3. Can you imagine yourself becoming a real parent now? Five years from now? Ever?
4. Was child care for an infant easy for you to find? How much did it cost?
5. What things would you have bought if your egg baby was a real one? Do you have the money you need to take care of a baby? Can you get money easily?
6. Was there a reaction about the egg baby from your friends or family that you found difficult to handle?
7. What did you learn from this exercise? Does it change your plans for the future?
8. Most of these "egg babies" were presumed healthy. For those of you whose baby was handicapped or disabled in some way, how did that affect your attitude, your time, and your energy? In real life, how do you think a handicapped child would affect your budget, time, and energy?
9. Have you thought about how a baby would affect your family? Your educational plans? Your relationships with friends?
10. Do you want to raise a child in the home in which you live now? Would you be willing and able to move?
11. Would a child change your educational plans? Do you have enough energy to go to school and raise a child at the same time?
12. Does having and raising a child fit in with the lifestyle you have now? Does it fit in with the lifestyle you want in the future?

ACTIVITY

Film: "Prisoners Of Chance"

Purpose: To provide teens with an opportunity to examine the impact of parenthood on a teenager's life.

Materials: 16mm projector and film, "Prisoners of Chance" -- 23 minutes (Filmfair Communications, 1900 Ventura Blvd., P.O. Box 1728, Studio City, CA 91604)

Time: 50 minutes

Planning Notes:

1. Before you show the film, preview it so you can anticipate the comments your group might make.

2. Call your local Social Services or Human Resources Department and find out about teens' eligibility for welfare assistance programs. Also find out exactly how much money a teen parent can expect to receive from Aid to Families with Dependent Children (AFDC).

3. Investigate the legal rights and responsibilities of an unmarried teenage father in your state. Laws affecting teen fathers are rapidly changing all over the United States--be sure you get the most recent information.

4. Remember that you may have one or more teens in your program who are already pregnant and/or parents. Be sensitive to those persons' feelings as you discuss the film. Point out that most teen parents experience difficulty, but there are exceptions. You might want to ask the group to identify circumstances in a person's life that would make being a teen parent easier (for example, having already graduated from high school or having grandparents that are willing to help a lot with the baby).

Procedure: 1,2,3!

Introduce the film by saying, "We've looked at the responsibilities of parenthood as a group. Now we're going to hear more about the reality of teenage parenthood from the 'experts', young people who have experienced early parenthood and are willing to share their joys, as well as their trials and tribulations." Show the film and then discuss the following points.

"Discussion" Points:

1. How realistic do you think the film was?

2. What are the positive aspects of being a teen parent? Are these the same for adult parents? What are the negative aspects of being a teen parent?

3. Be sure to review the major points from the film:

   - o Teenage parents often drop out of school.
   - o Their social life is more limited.
   - o A girl's relationship with the baby's father may break up or be greatly damaged.
   - o Pregnant teenagers and their babies have more medical problems than pregnant adult women.
   - o Because their education is interrupted, many teenage mothers and fathers can't find good jobs; some must live on welfare.
   - o Teenage mothers who live with their parents often have arguments about how to raise their baby.
   - o Living expenses (rent, food, clothing, etc.) and the costs of raising a child are greater than most teenagers think.

4. What rights do teenage fathers have? What are their responsibilities?

5. How far does a welfare check go when you're raising a child?

6. How do you really feel about teenagers having babies? Would you consider it?

Costs Of Parenting

Purpose: To give students information about the real costs of raising a child.

Materials: Activity Worksheet, "Costs of Parenting"; Leader Resource Sheet, "Baby's First Year"; catalogs that advertise baby furniture and clothing, (e.g., Montgomery Ward, Sears, J.C. Penney); telephone book or local resource directory (health department, hospital, day care center, etc.); access to telephone.

Time: 40-50 minutes.

Planning Notes:

Review the Leader Resource Sheet. You may want to check some of the information to see if the costs listed are realistic for your community.

Procedure: 1,2,3!

Begin by asking students if they know how much it costs to raise a child during the first year of life. (Many will not know.) Distribute the worksheets and catalogs. Ask teens to divide into 3 small groups to compute the expenses of caring for a baby during the first year. They should use the catalogs as a resource for some prices and make telephone calls to obtain others. They will have to guess some prices. When groups are finished, have them compare expenses with one another and then provide the correct information from the Leader Resource Sheet.

"Discussion" Points:

1. Is the cost of raising children higher or lower than you guessed?
2. Are there other expenses you would like to add (e.g., baby swings, folding strollers, baby carriers, mobiles) that would increase the costs?
3. How much money would a person have to earn to pay these expenses?
4. How would you feel about reducing the costs by buying clothes, furniture, and toys for your baby at a second hand store or thrift shop? Are there other ways to reduce costs?
5. What would it be like to have to raise a child without enough money, for example, on an AFDC stipend of $_________ per month - (Leader may find out the local AFDC allotment or may have students call to determine this.)

ACTIVITY WORKSHEET

Costs Of Parenting

MOTHER'S MEDICAL EXPENSES ....$_____

Includes obstetrician's fee and a hospital bill for a 3-day stay in a semi-private room

BABY'S MEDICAL EXPENSES...$_____

Includes newborn care in hospital, six routine visits, one emergency visit, and inoculations

DIAPERS...$_____

BABY'S CLOTHING...$_____

BABY'S FOOD...$_____

(Bottle-fed infants)

NURSERY FURNITURE...$_____

BABY-CARE NEEDS...$_____

CHILD CARE..$_____

(Includes day care 5 days a week, 8 hours a day)

BABY SITTERS..$_____

BABY PICTURES...$_____

TOTAL...$_____

Baby's First Year

Mother's Medical Expenses $4,100.00 - $8,500.00

This is the most costly item in the first year's budget. The $4,100 is based on the mother's obstetrician fee of $1,100 and a hospital bill of $3,000 which includes a 3-day stay in a semi-private room and fees for the labor room, delivery room, anesthetist, nursery, routine nursing, etc. A Caesarian section costs $5,000-$7,000 and requires a 7-day stay in the hospital.

Most people have some form of health insurance. However, insurance policies vary. Some pay most of the maternity cost, but most pay somewhere between one-third and one-half.

You can lower expenses by having a midwife or a resident in a local teaching hospital deliver the baby, staying in a maternity ward, and/or by attending a maternity clinic or center which establishes fees according to the individual's ability to pay.

Young adolescents and adolescents who do not receive adequate prenatal care are especially at risk for complications during their pregnancies and deliveries. If any complications do develop, costs will be much higher in both this and the next category and family insurance policies may not cover maternity benefits for women under age 18.

Baby's Medical Expenses $305.00

The baby's medical expenses are based on $65 for examination by a pediatrician, six routine office visits at $35 each, plus $30 for inoculations. This assumes the baby is well and needs no extra visits to the doctor or pharmacy. Some public clinics provide free or low cost services.

Diapers $450.00

This is the estimated cost for the convenience of disposable diapers. You can save money by watching for sales and by shopping for diapers in a discount store. You can save even more money by purchasing your own supply of cloth diapers and laundering them at home. This costs approximately $250 a year and takes more of your time.

Baby's Clothing $250.00

When buying baby clothes it is best to look for practical, sturdy, wash-and-wear clothing. You can go below the $250 allotted here if you borrow baby clothes from relatives and friends, shop at discount stores, and buy clothes slightly larger than necessary so they will last more than one season. A baby born in late spring can wear just diapers for several months.

Baby's Food $590.00

Although babies do not eat very much, they eat often. One way you can save money on baby food is by breastfeeding. However, the decision about whether to nurse an infant should be made for other reasons in addition to financial considerations. Many public health departments provide free supplemental food, including baby formula, to low income families.

Nursery Furniture $500.00

The $500 allotted here includes a crib, high chair, dresser/changer, sheets, blankets, pads, baby carriage, infant car seat, and portable bassinet. You can save money by buying used items, borrowing from friends and relatives, or improvising -- using an old table for a changer, for example.

Baby-Care Needs $95.00

Baby-care items included here are baby powders and lotions, aspirin, thermometers, bottles, sterilizer, feeding dish, and baby spoon.

Child Care $3,200.00

This one large expense will continue for some years if the mother works full-time. The estimated cost is for a private nursery school where the child can stay 8 hours a day, 5 days a week. However, it is still extremely difficult to find convenient, full-day infant programs. Many nurseries won't take children until they are toilet trained. Licensed home day care is available in some areas.

Baby-Sitter $144.00

This figure is based on $2.00 an hour for 6 hours a month. You will probably want more free time than this figure reflects. Of course, you can save money if you have relatives who are willing to babysit or if you take your child with you.

Baby Pictures $75.00

Taking pictures yourself is quite a bit cheaper than hiring a professional photographer. The cost of $75 is for 10 rolls of film (developing included) and an inexpensive camera.

Parenthood—Now Or Later?

Purpose: To help teens understand the impact that a baby would have on their lives now and in the future.

Materials: Pieces of newsprint; markers.

Time: 30-40 minutes.

Procedure: 1,2,3!

Introduce this activity by pointing out that the decision to have a child is one that affects people for the rest of their lives. Encourage them to think carefully about it, since taking the responsibility for a new life causes a lot of changes in the parents' lives.

There are two ways to conduct this exercise:

Format 1: (Four small groups)

Divide the group into four small groups; give a sheet of newsprint with one category on it (Fig. 1) to each group. Instruct the groups to think about how having a baby would affect the area of their lives they have been given on the newsprint. Ask them to think of both the positive and negative effects. Allow approximately 10-15 minutes for each group to come up with possible changes and write them on their newsprint sheet. Have each group share their thoughts and ideas with the others, allowing adequate time (10-15 minutes) for group discussion using the points below.

Format 2: (Male group and female group)

If you have enough boys and girls to divide the group roughly in half, this format is best. Give each group a newsprint sheet with all 4 categories on it (Fig. 1) and the instructions to "think about how having a baby would affect all four areas of your lives as young men (or young women)." Then have the girls' group share their thoughts with the boys' group and vice versa. Continue discussion with the following points:

"Discussion" Points:

1. Is it hard to manage a child and a job at the same time? What things make it easier?

2. Would a child change your educational plans? Do you have the energy to go to school and raise a child at the same time?

3. Would you be willing to cut back your social life and spend more time at home? Would you miss free time and privacy?

4. Can you afford to support a child? Do you know how much money it takes to raise a child?

5. Do you know enough about the 24-hour-a-day responsibility that a young child demands?

6. Should there be differences in the effect a baby has on a girl's life versus a boy's life? Are there differences?

OPTIONAL Activities:

1. Have teens "interview" their own parents or parent as well as other parents of younger children. They can ask questions about the good and bad aspects of parenthood, how to prepare for parenthood, why people have children, how children change people's lives, and others. Then they can return to the group to share and discuss their findings. Suggest they use tape recorders or take notes like a news reporter.

2. Have teens observe infants and young children with their parents in various settings -- a grocery store, shopping mall, or fast-food restaurant, for example -- to see how children behave and what things their parents have to do to take care of them. Suggest they look for good and bad behaviors on the part of children and corresponding behaviors on the part of parents.

Figure 1

1. Education/Career

Positive Changes	Negative Changes

2. Friends/Social Life

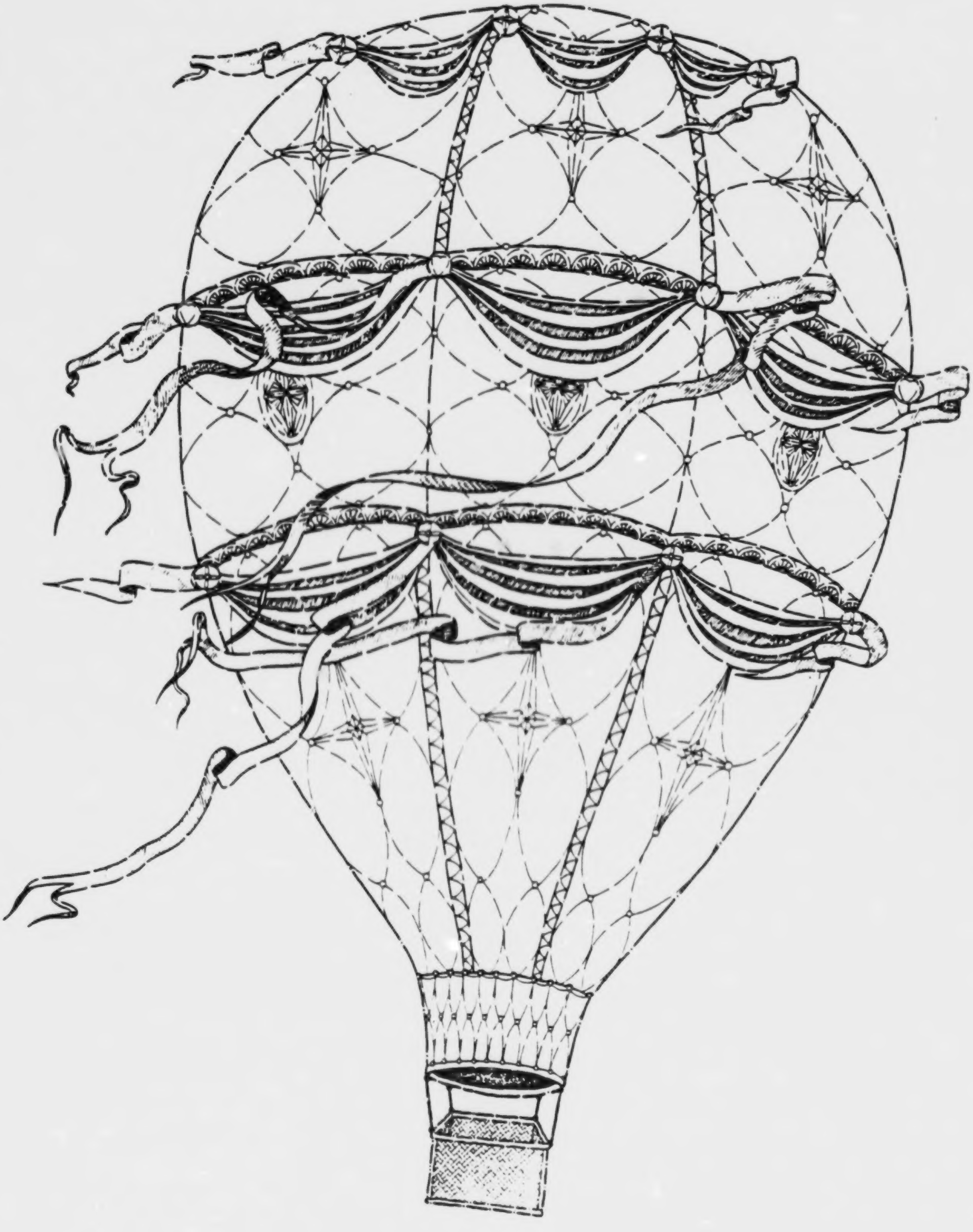
Positive Changes	Negative Changes

3. Finances and Money

Positive Changes	Negative Changes

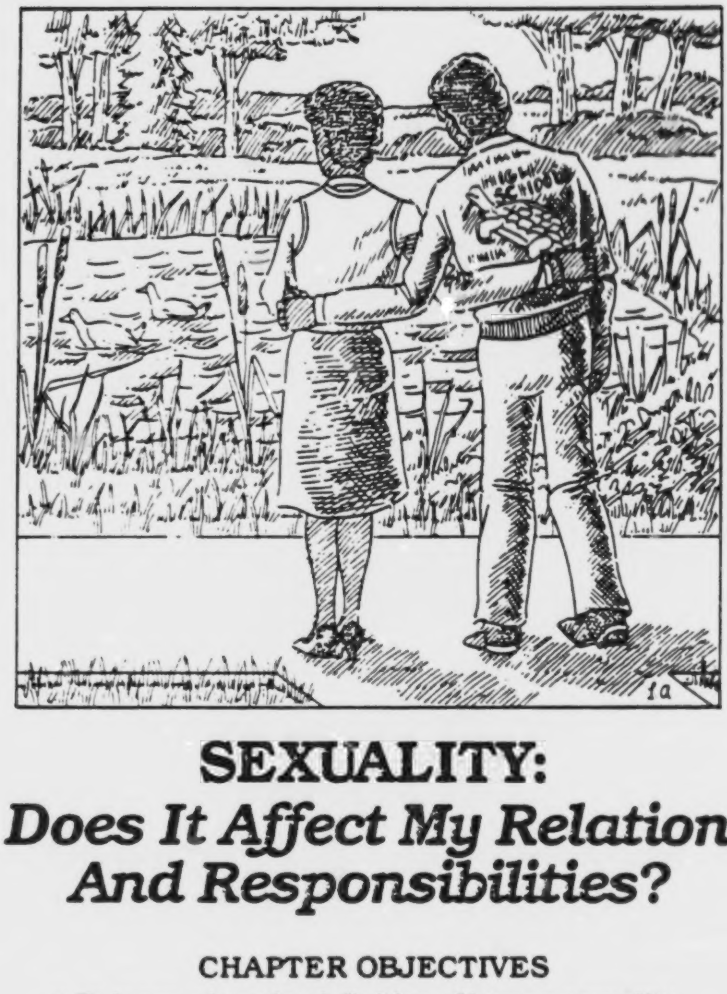
4. Daily Routine/Leisure

Positive Changes	Negative Changes



Unit III: How Do I Get There?

CHAPTER 7



SEXUALITY:
How Does It Affect My Relationships And Responsibilities?

CHAPTER OBJECTIVES

- *To learn a broader definition of human sexuality*
- *To become more comfortable talking about sexual concerns*
- *To learn facts about sexuality, pregnancy, and sexually-transmitted diseases*
- *To learn two ways of preventing pregnancy and sexually transmitted diseases:*
  - *—saying "no" to sexual activity*
  - *—using contraception effectively*
- *To learn about community resources related to reproductive health*

SEXUALITY:
How Does It Affect My Relationships And Responsibilities?

The word sexuality is often misunderstood. Some people assume that sexuality refers to only one thing -- sexual intercourse. Certainly, sexual intercourse is one way people express their sexual feelings. Intercourse is often associated with sexuality because it is the process by which pregnancy occurs and reproduction is generally associated with sexuality. However, as the leader, you can use this chapter to introduce the concept of sexuality in its broadest sense. Sexuality is composed of many things. It includes the birth-to-death processes of how a person thinks, feels, and acts; how he or she sees the world; and how the world sees men and women. Sexuality also involves physical aspects, including body growth, changes associated with puberty, and physiological processes such as menstruation, ovulation, and ejaculation. An individual's sexuality also includes gender -- being male or female. As a person begins to grow in this society, he or she starts to behave in certain ways that the culture determines as appropriate for men or women. Some people limit what an individual can be or do on the basis of gender, as discussed in Chapter Three -- "Male or Female: Is My Life Already Planned?" Regardless of gender, all human beings experience a multitude of sexual attitudes, feelings, and capabilities; many aspects of our humanness are related to our sexuality.

This chapter is also written to encourage discussion among teens about relationships and the way relationships may affect the sexual decisions people need to make. Activities are intended to help individuals think about their feelings regarding intimacy -- what is intimacy and what does it mean to our relationships? As the leader, you will need to begin addressing this issue within the context of a teenage relationship. This is often a very sensitive topic for adults to discuss with adolescents. Most adults feel teenagers are not mature enough to handle an intimate relationship that includes intercourse; however, the high incidence of teen pregnancies and of births to teens reflects the fact that many teens are sexually active and most do not take adequate precautions for preventing pregnancy.

- In 1982, 1.1 million teenagers, or one out of every 10 teens experienced a pregnancy. Those pregnancies resulted in approximately 500,000 births, 450,000 abortions, and 150,000 miscarriages.
- If present trends continue, four out of every 10 girls (39%) who are 14 years old today will have had at least one pregnancy by the time they are 20 years old.

Most professionals working in the area of teenage pregnancy believe there is no magic solution to this problem. Often teenagers sense tremendous pressure from the media and from their friends to become sexually active at an early age. Some girls feel that having sex will make them feel like a "woman," and boys think they need to have sex to be "cool" or "macho." Teens may feel "everybody's doing it" when, in reality, less than 50% of today's teenagers have had sexual intercourse. There is a growing consensus that teens need to be encouraged to feel OK about saying "no" to sexual activity. Some of this chapter's activities address the question of how to help teens say "no" to sex, while others help teens develop better skills for dealing with stressful situations in relationships.

But what about those individuals who have made the decision to be sexually active and need information about contraception or birth control? What about those teens who are having sex without protecting themselves or their partners against an unintended pregnancy or sexually transmitted disease?

- Each year, nine out of 10 couples having sexual intercourse will become pregnant if contraception is not used.
- One in five teenage girls will become pregnant during the first month after beginning to have sexual intercourse.
- Teenagers account for almost one-third of all reported cases of gonorrhea each year.

Whether the reason for a particular teenage pregnancy is the lack of accurate information, the teen's lack of access to family planning nservices, or his/her inability to say "no," the reality is that most teenage pregnancies are unintended, and those pregnancies have a tremendous impact on the futures of adolescents and their families. There is an extensive need among teens for accurate information and sensitive guidance related to human sexuality. However, some individuals are uncomfortable about leading such a discussion and providing contraceptive information to teens. If you as a leader do not feel comfortable, but have made a decision to include contraceptive responsibility in your program agenda, you can ask someone from a local family planning clinic or any health practitioner to help.

Key Concepts In This Chapter

- Sexuality consists of more than having intercourse and getting pregnant.
- Most people don't have accurate information about sexuality.
- There are two ways of preventing pregnancy: saying "no" to sex and using contraception effectively.

Teaching Tips

- If you are uncomfortable with any of this material, ask a professional sex educator to help.
- Help teens to develop a health sense of respect and comfort with their own bodies and with their sexuality.

Sexuality—What Is It?

Purpose: To help teens develop a definition of the term "sexuality" that is broader than genital sexual activity or reproduction.

Materials: Newsprint and markers; current issues of popular magazines; tape and scissors.

Time: 20-30 minutes.

Planning Notes:

Initially, many people find it difficult to discuss sex and sexuality. As the leader you will want to acknowledge that some people in the group may be feeling embarrassed or uncomfortable and that that is OK. You may want to tell the group that you sometimes get embarrassed too, but that we can all learn to be more comfortable talking about sexuality. Practice will help. Point out that our feelings of discomfort or comfort with the topic of sexuality come from our family, friends, religion, and culture and what they have taught us.

Procedure: 1,2,3!

Ask the group to think about something they have seen on television or in a movie in the last week that was related to sexuality. Record the incidents or scenes they recall on newsprint displayed in front of the group. Review the list and comment on the nature of the items included. If they represent a narrow definition of sexuality (e.g. sexual relationships, sensuous bodies, intimacy, having a baby, sexy clothing), point that out and suggest that a broadened definition exists. If the list represents a broadened definition (e.g. sex roles, body image, affection, as well as topics listed above) tell the group they are off to a good start.

Now offer a broad definition of sexuality to the group; include male and female gender roles, social roles, feelings about self and others, and relationships. An example of a definition you could use is:

> "Human sexuality is a function of your whole personality that begins at birth and ends at death. It includes 1) how you feel about yourself as a person, 2) how you feel about being a woman or a man, and 3) how you get along with members of the same sex and the opposite sex. Sexuality also includes genital and reproductive processes such as intercourse and childbearing, but it is much more than this."

Break the group into smaller groups and give each small group tape, a magazine, and a pair of scissors. Ask them to find examples of other aspects of sexuality not included in their t.v./movie list -- they should be able to find articles and advertisements that deal with sex roles, body image, affection, sensory pleasures (e.g. fragrances or body odors, textures, visual images), relationships, and others. Tell them to cut out ads or pictures that depict broad aspects of sexuality. Allow 15 minutes. Bring the entire group back together once more for discussion. Ask each group to share the pictures they found in the magazines by taping them onto a large sheet of newsprint you have labelled "Definition of Sexuality."

“Discussion” Points:

1. Where does our definition of "sexuality" usually come from?
2. Are we sexual beings at birth? How?
3. In what ways are older people sexual?
4. What kinds of messages about sexuality commonly occur in the media?

ACTIVITY

Through the Eyes of the Media

Purpose: To enable teens to see how sexuality is portrayed in the media and to introduce some critical viewing skills.

Materials: Television with VCR; videotape of a T.V. show

Time: 40 minutes

Planning Notes: This activity requires having an appropriate 10-15 minute clip of a television show available. It is suggested that a show popular with the group be used.

Procedure: 1,2,3:

Introduce this activity by saying something like "One of the greatest changes in our society since the 1930's has been the advent of television. Through television and mini-cams we are now able to see events as they occur many miles away. One hundred years ago news of an event would be communicated through newspapers and magazines days or weeks after the fact. The influence of television has been quite apparent in a number of fields, such as political campaigns (since the Nixon-Kennedy campaign), sporting events (TV time outs in football), and current events (filmed hostage situations and disasters.) There have been many accounts of the negative effects of television on habits of reading and conversation. Today we're going to look at influences which television has on the way we think about sexuality."

Continue with a discussion of the different ways in which sexuality is portrayed on television. Use the following five categories as a guide.

Body Image or Appearance- Characters' appearances tell who they are and how they want to be viewed. A character can become a role model, with many viewers seeking the same kind of "look" either in themselves or in partners. The "sex appeal" of a character is often related to his or her attractiveness and style of clothing.

Emotional Expression - How do the characters verbally express their feelings for each other? The open and honest discussion of feelings generally provides for healthy relationships; however, many popular television shows thrive on deceit and emotional manipulation. The role models and examples of relationships may not be positive. The tone of voice in conversation, body language, and touches can each be loving or exploitative expressions.

Relationships- The various family, marriage and other types of relationships presented in a program can be familiar or quite different from anything with which we are familiar. Relationships are demonstrated by degree of respect for others, by decision-making processes and by seeking guidance.

Sex Roles - Male and female characters are often limited either to stereotypical roles or to comic portrayals of a person fighting the stereotype. Too frequently male characters are not allowed to be smart and loving, while female characters are not allowed to be sensitive and physically strong. However, there are some characters who show positive examples of men and women being sensitive, nurturing and intelligent.

Sexual Behavior and Consequences - Do the characters discuss the implications of a sexual relationship beforehand? Since it is impossible to witness the intimate interactions of family and friends, television often provides us with our only models of communication (or non-communication) before acting on sexual desires. On television the possible physical and emotional consequences of the characters' behavior are often not mentioned. The outcomes of sexual behavior tend to be either simplistic or contrived.

Ask the group to keep these five areas in mind as they watch the selected clip.

Following the clip, have the group discuss the show in each of the five categories. Encourage them to discuss what they have just viewed, and also the characters portrayals in other episodes of the series, if watched on a regular basis.

When this is done, conclude the activity with the following discussion points.

“Discussion” Points:

1. What obvious message about sexuality is the show trying to present? Is there an overt and a subtle message? What are the differences between these messages?

2. How carefully do most people watch television? What impact would more careful or critical watching have on their views?

3. People generally learn by following an example. What kinds of examples of sexual communication messages do children see on television? Teens? What about adults? Do they all see the same kinds of messages? If you were given the power, what changes would you make, if any?

4. How can television create healthier portrayals of sexuality and still be entertaining?

OPTIONAL Activities:

1. Following this large group activity, the group may wish to divide into teams, with each team monitoring a different program for 3-4 weeks. In monitoring the programs, judgments can be made as to the number of positive and negative references in each of the five categories. After the monitoring time, have the group compile their results and comments. If the group were to have recommendations for improved television, a letter could be sent to the network and cable companies.

2. Another way to examine sexuality in the media is in the selection of different kinds of programming. Examples of cartoons for children, day time soap opera, evening soap opera, movie, music video or situation comedy can each provide an opportunity to see messages about sexuality. A comparison can be made between the different shows, or within a specific category.

ACTIVITY

Expressions of Intimacy

Purpose: To help teens understand that sexuality and caring are expressed in many ways throughout the life cycle.

Materials: Blackboard and chalk, newsprint and markers or overhead with transparencies and markers.

Time: 20-30 minutes

Planning Notes:

If you are using newsprint or an overhead projector, prepare a lifeline prior to the group meeting. The lifeline should include the following categories: infancy, elementary school age, adolescence, young adulthood, middle age and old age. It is advised that you list a variety of appropriate expressions for your group in preparation for this activity.

Procedure: 1,2,3:

This activity consists of two sections: the first is to brainstorm by writing down all possible expressions of intimacy and caring. Depending upon the group, there may be limitations on explicitness, but it is important to include sexual intercourse.

Introduce the activity by saying something like "Today we're going to discuss the various ways that people express their intimate feelings. Remembering that sexuality is more than "sex", think of the many ways you see people expressing their sexuality and intimacy every day. Now we're going to list all the expressions we can think of on this paper/blackboard. As an example, I'll start us off with ... " Possible examples include: hand holding, eating, dancing or flirting.

After the brainstorm of expressions, begin section two by reviewing the different ages on the lifeline. The teens may want to have definite chronological ages for each grouping. A brief discussion of the difficulty of listing exactly when one passes from one age to another should suffice. If more concrete ages are needed, the teens should choose the age ranges for each stage.

Next, ask the teens to determine which expressions are appropriate at which time in life. Mark the life line in each grouping with symbols or numbers for each expression. Each of the expressions should be appropriate at more than one age.

Conclude the activity by discussing the following questions.

"Discussion" Points:

1. How did it feel to think of and discuss expressions of intimacy? What could have made it more difficult? What could have made it easier?

2. How do we determine at what age a form of intimate expression is appropriate? Does the way we determine it change as we grow?

3. Is there one age which is the "best" for intimate or caring expressions? What makes it better than the other age groups? What are the unique benefits and risks for that age?

4. Why doesn't the general population think of expressions of intimacy as lasting from infancy to old age?

5. What effect would it have on society if that general perception were changed? How could it be changed?

OPTIONAL Activities:

1. Students may enjoy looking through discarded magazines for pictures of intimate or caring expressions (appropriate for viewing in your group) to make a collage through the ages. Different groups may focus on different ages, with discussion after all groups gave seen the final piece.

ACTIVITY

Slang Language

Purpose: To introduce teens to the correct terminology for slang sexual terms and to increase their comfort with sexual terms.

Materials: Ten pieces of newsprint; 10 markers; floor or wall space.

Time: 25-35 minutes.

Planning Notes:

Before conducting this activity, on each sheet of newsprint write one of the terms listed below:

- man
- woman
- breast
- penis
- vagina
- sexual intercourse
- masturbation
- testicles
- menstruation
- oral sex

At the close of this activity, you can tell teens that only correct sexual terms will be used in this group from now on. This may be a good technique for avoiding use of slang language and some of the inappropriate behavior that often accompanies it.

Procedure: 1,2,3!

Introduce the activity by pointing out that there are many slang terms related to sexuality that teens and adults use. However, people using slang terms often don't know the correct sexual terms or are not comfortable using them.

Now hang the newsprint sheets around the room or spread them out on the floor; be sure to put a marker with each sheet. Have the group go around the room and write on the newsprint as many other terms as they can think of that mean the same thing as the given words. They should feel free to use any word that they might know. It will probably take about fifteen minutes or so for everyone to write on each sheet.

Once the teens have finished, bring the group back together for discussion. Ask for volunteers to read each list aloud. (If no one seems willing, you may read them yourself.) Ask the group to think about what they felt and thought as they did this activity.

“Discussion” Points:

1. Was anyone embarrassed to see, write, or read aloud the slang words? Why or why not?
2. When do we usually use slang sexual terms? When do we use correct sexual terms? Why?
3. Were there differences between words associated with men and those associated with women?
4. Were there words that seemed to be "baby language"? What does it mean when people use such words?
5. Were there words that seemed abusive? What does it mean when people use those?
6. Did people forget to write words with more positive connotations ("making love" for intercourse, for example)?

ACTIVITY

Myth Information Game

Purpose: To reinforce teens' information and dispel myths related to anatomy, physiology, contraception, and sexually transmitted diseases.

Materials: Index cards with statements written on them (sample statements on Leader Resource Sheet: "Myth or Fact?"); blackboard or newsprint for scorecard.

Time: 30-45 minutes.

Procedure: 1,2,3!

Tell the group that they are going to play a game that will help them learn the truth about myths related to sexuality. Point out that even though "sex" is everywhere in our society -- t.v., books, magazines and movies -- correct information is rarely included. Explain that myths, rumors, and superstitions are often passed around as fact. Now divide the group into two teams and place them on opposite sides of the room. Tell each team to choose a name for itself.

Present the index cards face down -- have a volunteer from one team choose a card and tell that person to read it aloud. Team members can talk among themselves for a short time to determine whether the statement is a fact or a myth. The volunteer who chose the card should announce the team's decision. Then state whether the answer is correct and place a point under the team's name on the "score card." (You may wish to read the statements aloud yourself to avoid teens' embarrassment if their reading levels are low.)

Continue by having a member of the other team choose the next card, then alternate until all of the myths have been discussed. Allow a few minutes for discussion of each statement. Take this time to give additional information, if appropriate.

Beware of teens' sensitivities. If a group member's response is laughed at, remind the class that everyone believes some myths.

"Discussion" Points:

1. Ask students if they have additional questions about certain myths.
2. Reassure the group that most people believe in some myths, but that open-minded people are willing to admit that they are misinformed.

3. Point out that teens are now more informed about sexuality than many other teens and adults.

OPTIONAL Activities:

Ask students to discuss sexual myths with their parents. Have them find out two myths that their parents heard about sexuality when they were teenagers. Allow 5 minutes to discuss the parents' myths at the next meeting of the group.

LEADER RESOURCE SHEET

Myth Or Fact?

Here are some sample statements, with accompanying explanations, for use in the Myth Information Game.

MYTH 1. Most teenagers have had sexual intercourse by the time they finish high school. Recent research indicates that 50% of females and 70% of males have had sexual intercourse by age 19. Therefore, a large percentage of teens have chosen not to have intercourse while in high school.

FACT 2. Once a girl has had her first period, she can become pregnant. When a girl starts having menstrual periods it means that her reproductive organs have begun working and that she can become pregnant. It doesn't mean, however, that she is necessarily ready to have a baby.

FACT 3. Before a girl has had her first period, she can become pregnant. Because a woman's ovaries release an egg before the onset of her menstrual period, it is possible for a girl to get pregnant before her first period.

MYTH 4. It is unhealthy for a girl to bathe or swim during her period. There is no reson that a woman should need to restrict any activity during her period.

FACT 5. Abstinence is the only method of birth control that is 100% effective. The only way to be absolutely sure of avoiding pregnancy is to avoid having sex.

MYTH 6. A teenager needs parental consent to get birth control from a clinic. Family planning clinics ensure the confidentiality of their services. That means they don't have to tell anyone in order to provide birth control to teenagers.

FACT 7. Girls and boys can have sexually transmitted diseases without having any symptoms. While some STD's may have quite recognizable symptons, others may not. Gonorrhea, for example, typically displays no symptoms in women and often is undetectable in men. It is important to be examined by a doctor if you think you may have an STD.

MYTH 8. A girl cannot get pregnant if she has sex only a few times. A girl can get pregnant every time she has sex, including her first time.

MYTH 9. Approximately 95% of teenage mothers give their babies up for adoption. In fact, less than ten percent give their babies up for adoption each year.

FACT 10. A girl can get pregnant if she has sex during her period. It is possible for a girl to get pregnant at any time during her menstrual cycle.

MYTH 11. Birth control pills cause cancer. Though there can be side effects associated with using the pill, there is no conclusive evidence that the pill causes cancer.

MYTH 12. Douching will prevent a pregnancy from occurring. Douching is not an effective method of birth control.

MYTH 13. Once you've had gonorrhea and have been cured, you can't get it again. A person can get gonorrhea as many times as he or she has sex with an infected person. It is important, therefore, that anyone who is treated for gonorrhea (or any other STD, for that matter) make sure that his or her sexual partners be treated as well.

FACT 14. About two-fifths of all 14-year-old girls will get pregnant before they are 20. This is true if current general trends continue; it does not mean that girls can't still avoid pregnancy if they want to.

FACT 15. Condoms help prevent the spread of sexually transmitted diseases. Not only are condoms an effective method of birth control, they are also effective in preventing the spread of many STD's.

FACT 16. Teenagers can be treated for sexually transmitted diseases without their parents' permission. As with birth control, clinics and physicians do not require parental permission to provide treatment for STD's to teenagers.

MYTH 17. Alcohol and marijuana are sexual stimulants. These have exactly the opposite effect. Alcohol and marijuana may increase desire and reduce inhibitions (make you feel freer), but decrease the flow of blood to the genital area and can decrease sexual performance by making it difficult to maintain an erection (for men) or to experience an orgasm.

MYTH 18. A girl can always know of one absolutely safe time between menstrual periods when she cannot get pregnant. Even a woman who is using techniques to monitor her menstrual cycle cannot be absolutely sure when she ovulates.

FACT 19. There is no known cure for herpes. While there are drugs available to alleviate the symptoms of herpes, there is no cure for the disease.

MYTH 20. Girls are usually raped by strangers. Over 50% of reported rapes are by men known to the women (an acquaintance, date, friend, or relative). Many more unreported rapes are thought to be in this category. Fifty percent of rapes occur in the woman's home.

MYTH 21. Testicular cancer is most common among middle-aged men. Actually, testicular cancer is the most common form of cancer among men between the ages of 15 and 34. Early detection is important for its cure; a physician can instruct a young man in testicular self-examination.

FACT 22. Most penises are about the same size when they are erect. The size of a penis when it is flaccid (not erect) has no bearing on its size when erect. Furthermore, penis size is no indication of a man's masculinity or sexual ability.

MYTH 23. Once a boy gets really excited and gets an erection, he has to go all the way or it will be harmful. There is no harm in not acting on every sexual urge; semen can not get "backed up" and demand ejaculation. Occasionally a boy might feel some discomfort if he is sexually excited for an extended period of time. This will disappear when he is able to relax.

FACT 24. A girl can get pregnant even if a boy doesn't ejaculate or "come" inside her. Even if a boy ejaculates near a girl's vagina, it is still possible for sperm to find their way inside.

FACT 25. A girl can get pregnant the first time she has sex. A girl can get pregnant the first time and every time she has sex unless she and her partner use a reliable method of birth control.

Lecturette: Sexuality Facts

Purpose: To provide basic information about anatomy, physiology, birth control and sexually transmitted diseases (STDs).

Materials: Newsprint or chalk board; anatomy transparencies made from Leader Resource Sheets; overhead projector. (Large drawings can be substituted for transparencies.)

Time: 45-60 minutes.

Planning Notes:

Most teens and adults are more informed about female physiology and the female role in reproduction and may have given little consideration to the male role. You can counteract this throughout the entire session by emphasizing the equal importance of the male role and pointing out significant aspects of both the male and female contributions to reproduction (e.g. similarity between testes and ovaries; that the male sex cell or sperm determines the gender of a baby). You may want to consult the Leader Information Sheets located in the appendices at the end of the curriculum.

Procedure:
1,2,3!

A. Anatomy/Physiology

Begin the "lecturette" by reviewing the process of human reproduction. Tell the group that you know they've probably heard this before, but it is important to be very informed about how pregnancy occurs. Ask if anyone in the group wants to explain briefly how reproduction happens. Assist in the explanation if necessary, and write the major points and terms on newsprint or the board. The following are key concepts that the group should understand before you begin the more detailed discussion of anatomy, physiology, and sexually transmitted diseases.

- When she is born, every girl has thousands of egg cells, or ova, in the two ovaries located in her lower abdomen.

- At maturity (around age 11 or 12), her ovaries begin to release one egg, or ovum, each month -- when that process of ovulation begins, so will her menstrual cycles and her ability to get pregnant.

- If the released egg is not fertilized by a male sperm cell, it will be discarded by the girl's body. Every girl has enough egg cells to menstruate each month until she is in her fifties.

- Every boy, when he is born, has two round glands called testicles (testes) located in the lower part of his body near his penis.

- At maturity (around age 13 or 14), his testicles begin to produce and store sperm cells -- millions of them.

- Whenever a boy ejaculates after his testicles begin producing sperm, millions of sperm are released from his penis, and he can become a father if he is having sexual intercourse with a girl.

- Fertilization or conception occurs when one of the sperm cells from a man reaches the female egg cell after it has left a woman's ovary, but before it is discarded by her body.

Now show the anatomy transparencies on an overhead projector. Have the teens fill in the terms as a whole group, saying for example, "Who knows the correct term for . . .?" Be sensitive to the group's anxiety about seeing the drawings of genitals -- point out that the internal female anatomy is probably more familiar to us than the external, etc. You can mention the fact that a similar set of drawings is often used to train adults to be sex educators, and they usually do not know all the correct terms, either. Not all information on the Leader Resource Sheets is of equal importance; as you cover the material, try to stress those things that teens really need to know and de-emphasize others (e.g., "We don't really need to know the name of each internal male gland, just that they are glands that secrete fluids.") Correct terms for each item on the drawings are included on accompanying Leader Resource Sheet, "Answers to Anatomy Drawings."

B. Sexually Transmitted Diseases

After you have discussed basic anatomy and the physiology of reproduction, spend about 15 minutes discussing sexually transmitted diseases. Teens may be more familiar with the term VD (venereal disease); explain that that term has come to mean syphilis and gonorrhea, which are only two of many sexually transmitted diseases. In addition, negative feelings of shame are associated with the term VD. Tell teens you want them to use the term sexually transmitted disease (STD) because it is both more accurate and, for some people, less threatening.

Using the Leader Information Sheet on Sexually Transmitted Diseases, discuss the following general information about STDs:

- General signs and symptoms

- Prevention

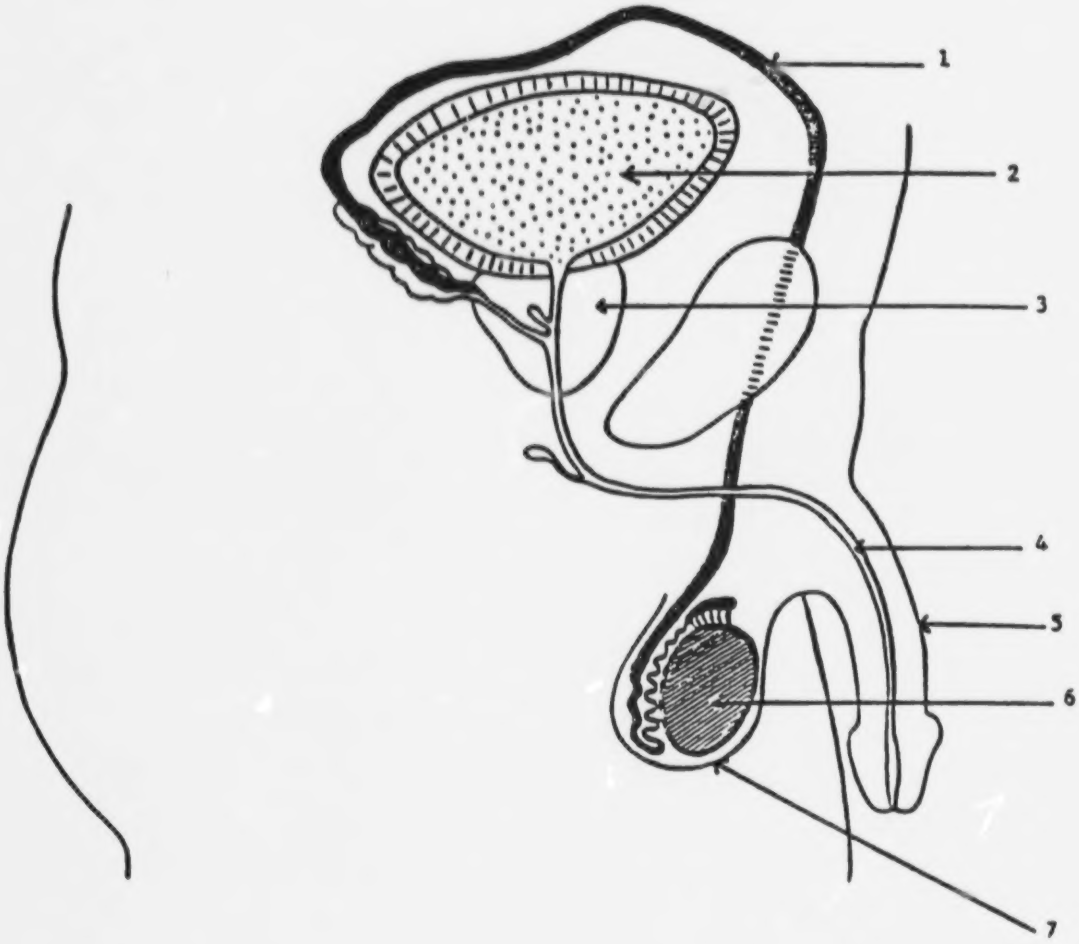
- What to do if you think you have an STD (emphasize the importance of seeking a medical examination if a person thinks he or she has come into contact with an STD.)

Although great detail is provided on the Information Sheets, it is unnecessary to give the group such detailed information unless they specifically ask. Even then, reinforce the general symptoms and the importance of seeking medical treatment if they suspect they may have a disease.

C. Community Resources and Question and Answer Period

Investigate available community resources on your own, obtaining agency names and addresses for health centers, crisis intervention programs, telephone "hot lines" that handle adolescent problems (e.g., suicide, rape, STDs, pregnancy), runaway shelters, and drug rehabilitation programs. For help, try contacting the United Way, the Youth Services Commission or a similar agency in your local (city or county) government, a high school counseling office, or your local health department.

Sexuality Facts
Anatomy Drawing (Male)



1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

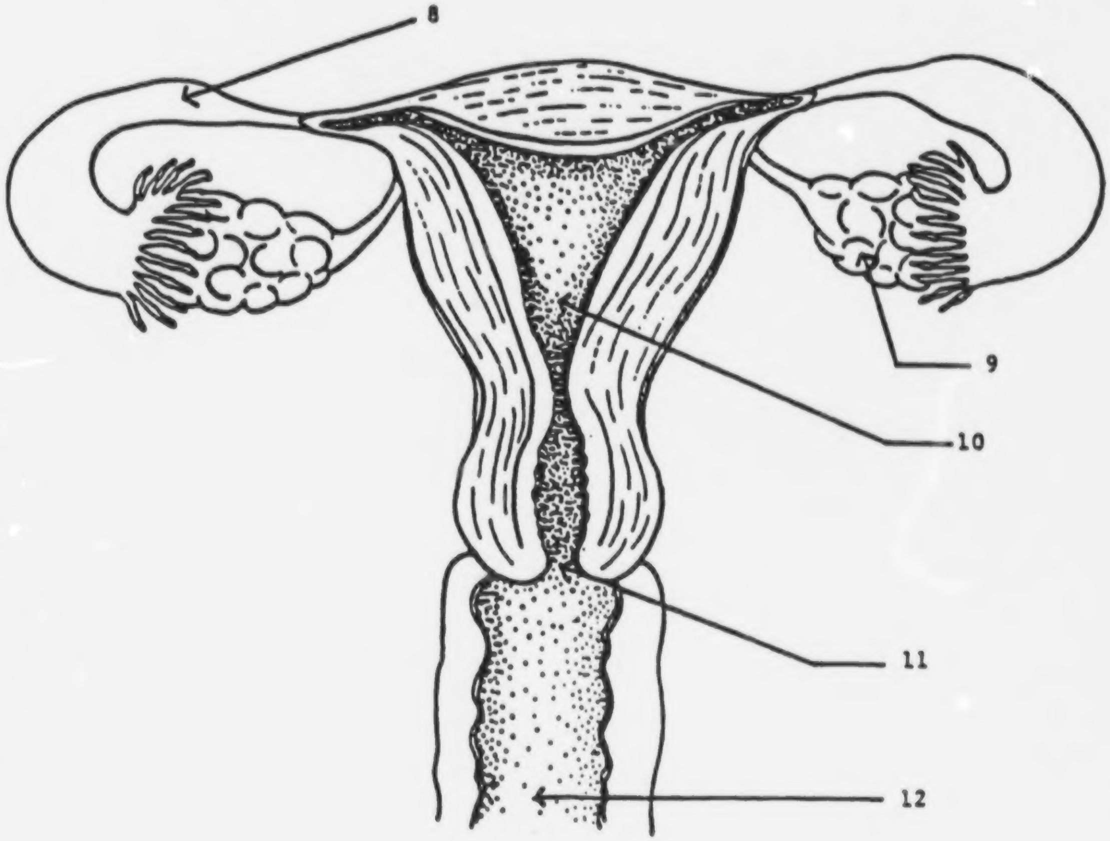
5. ______________________________

6. ______________________________

7. ______________________________

Sexuality Facts

Anatomy Drawing (Female—Internal)



8. ______________________________

9. ______________________________

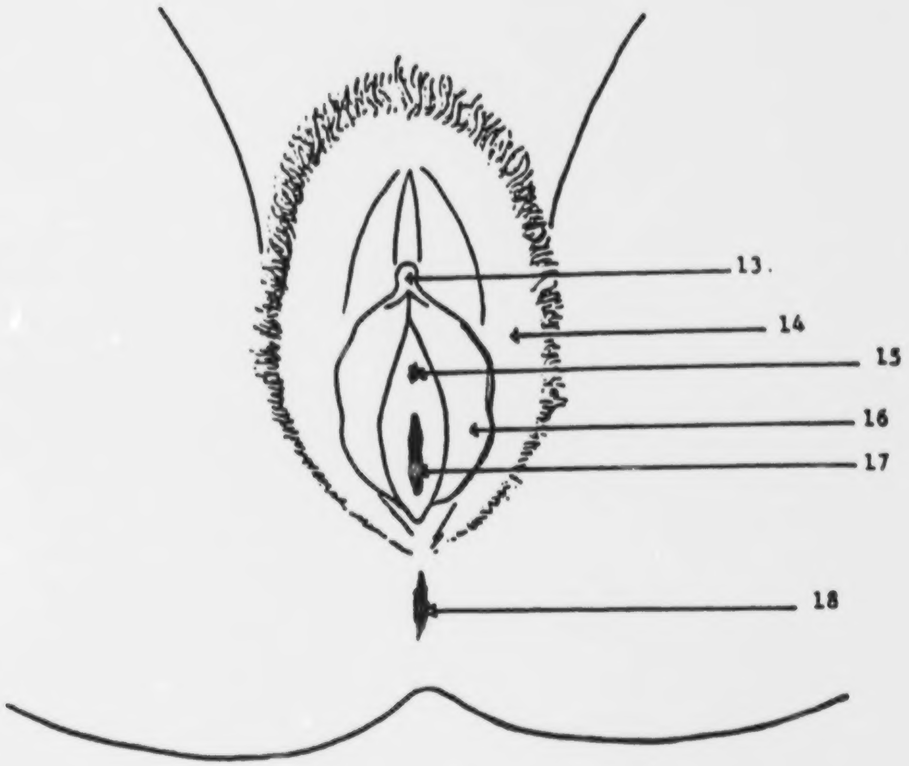
10. ______________________________

11. ______________________________

12. ______________________________

Sexuality Facts

Anatomy Drawing (Female—External)


13.
14
15
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17
18

13. ______________________________

14. ______________________________

15. ______________________________

16. ______________________________

17. ______________________________

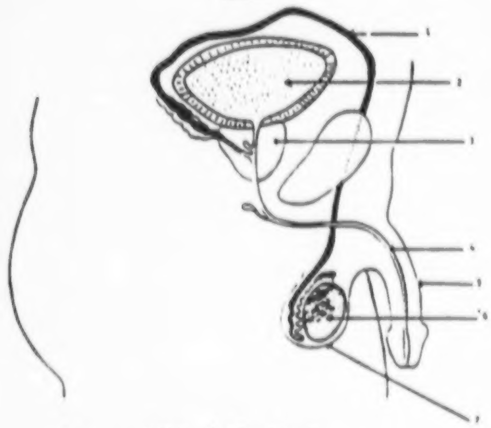
18. ______________________________

LEADER RESOURCE SHEET

Sexuality Facts

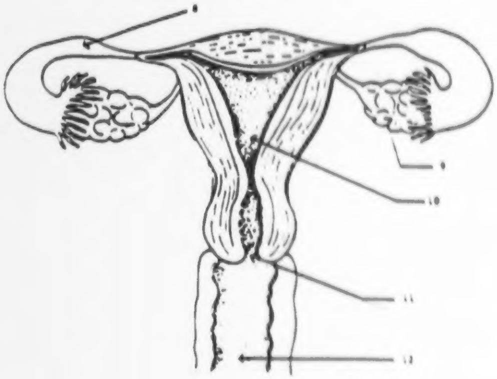
Anatomy Drawings—Correct Answers

Male



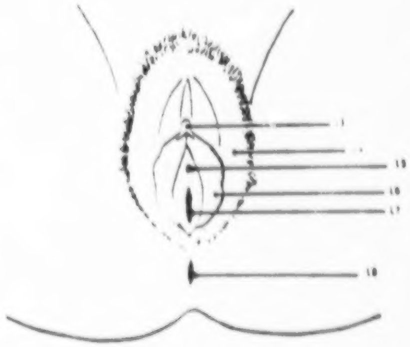
1. Vas deferens
2. Bladder
3. Prostate gland
4. Urethra
5. Penis
6. Testicle
7. Scrotum

Female—Internal



8. Fallopian tube
9. Ovary
10. Uterus (Womb)
11. Cervix
12. Vagina

Female—External



13. Clitoris
14. Labia majora (outer lips)
15. Urethra (opening)
16. Labia minora (inner lips)
17. Vagina (opening)
18. Anus (opening)

ACTIVITY

Lecturette: Birth Control Methods

Purpose: To present information on all of the methods of contraception (birth control).

Materials: Board or newsprint; birth control kit; anatomy and physiology flipchart or anatomy drawings; Leader Information Sheet, "Birth Control Methods".

Time: 30-45 minutes.

Planning Notes:

If you do not feel prepared to conduct this session, invite a health educator or family planning professional from your neighborhood health center or family planning center. Be sure to select someone who is comfortable working with adolescents. Ask the person to spend about 45 minutes reviewing the methods, giving special emphasis to the non-prescription methods.

Procedure:
1,2,3!

It is very important to begin this discussion with some clarifying remarks to put birth control into perspective.

- Make it clear that you are not assuming that the teens are or should be sexually active.
- The purpose of this activity is to present factual information about birth control. Although some group members do not need it now, they may need it sometime in the future. Thinking about it in advance will help them make a decision when the need arises.
- Values vary. Some religions and some individuals do not believe in using birth control; some believe in using only a few specific forms of birth control

Now ask the group to name as many methods followed by prescription methods, of contraception as they can. Write the methods they name in two columns labelled "prescription" and "non-prescription" on the board or newsprint; take out the birth control kit and display the methods in two groups: prescription and non-prescription (over-the-counter) methods.

Beginning with non-prescription methods, name each method, show it to the group, and give the following facts using the Leader Information Sheet as a guide:

- how it works
- advantages, including effectiveness
- how to use it
- where to get it
- how males can participate (e.g., going with a partner to buy or get a prescription for the method; reminding partner about using the method; helping to insert methods like foam; reassuring partner that he is pleased she is using birth control).

Allow teens to react to each method. Pass the methods around so they can handle them. If teens seem uncomfortable touching the methods, point out that part of the maturity necessary for a sexual relationship is being comfortable enough to talk about and use birth control. Find out their other concerns about each method. Be sure to dispel myths (e.g., pills cause cancer; condoms reduce pleasure for men).

Be sure to discuss these methods:

- foam and condoms
- contraceptive sponge
- vaginal suppositories
- withdrawal
- abstinence
- pills
- IUD
- diaphragm

“Discussion” Points:

1. Why do you think many teenagers fail to use contraception?

2. How old must a boy or girl be to buy condoms without parental permission? (There is no age requirement.)

3. Make the point that teenagers do not need parental consent to obtain any method of contraception or to visit a family planning/birth control clinic.

4. Encourage students to discuss these issues with their parents.

5. Stress that while withdrawal is not as effective as any other method, consistent use of withdrawal is far better than doing nothing.

6. Make the point that even though some methods do present health risks, they are far less than the risks of pregnancy as a teenager.

OPTIONAL Activities:

You may want to reinforce what teens have learned in this lecturette by showing a film on birth control. This may be especially helpful if teens have difficulty imagining how the internal methods are used. One film is suggested below -- you will need to select and preview any film you choose.

Hope Is Not A Method III (See "Resources" section for information on obtaining the film.)

ACTIVITY

Visiting A Health Facility

Purpose: To acquaint teens with a clinic setting where they can receive comprehensive health services, including family planning services.

Materials: Directions to the clinic and/or a map, if necessary, for each group member.

Time: 90 minutes.

Planning Notes:

Identify a community health facility that provides outpatient care, including confidential family planning services, to adolescents. Make arrangements for your group to visit. Call and explain briefly to the appropriate staff member the purpose of your program and of the field trip and arrange for the group to tour clinic units that would be most appropriate, such as adolescent medicine and family planning. Ask for a health practitioner to conduct the tour, if possible. The ideal person would be someone from the family planning clinic so the teens could become acquainted with him/her. Give your group instructions for the field trip at the end of the session before the scheduled field trip. Tell them where and when to meet you. Provide group members with the written name and address of the health facility and directions to the facility by car as well as by public transportation. If you need to arrange a carpool or bus for the group, do so well in advance of the field trip. Be sure to make arrangements for parental permission and staff liability, if necessary.

Procedure:
1,2,3!

Plan to meet the group at the facility 15 minutes before the tour begins to allow time for late arrivals. Explain to the group that this is a health facility that provides a range of health care services for adolescents. Give examples of the services available -- these may include school physicals, sports medicine, dermatology, family planning and diet/weight control. Tour the facility with the group, noting the following points during or at the end of the tour:

- o Availability of a range of services;
- o Cost of the various services (e.g., fee basis or sliding scale);
- o Actual clinic procedures (e.g., conducting sports physicals in adolescent medicine, counseling interview and pelvic exam in family planning);

- Confidentiality of services for family planning and treatment of STDs;
- How to schedule appointments (or when walk-in clinics are held); and
- Who to contact for each service (if possible, someone they have met on tour).

"Discussion" Points:

1. How did you like the health clinic?
2. Would you be comfortable using the services there? Why or why not?
3. Which services do you think you would be most likely to use? Least likely?
4. Would you ask a parent or other relative to accompany you? Why or why not?

ACTIVITY

Pressure Lines

Purpose: To help teens practice different ways of saying "no" to pressure to have sex.

Materials: "Pressure Lines" Leader Resource Sheet, newsprint for "score card", marker, small bell and horn (for sound effects).

Time: 30-45 minutes.

Procedure: 1,2,3!

Ask for two volunteers (a boy and a girl, if possible) to help "judge" in the game, then have the remaining teens divide into two teams -- by counting off, or some other method. Tell the teens that this is a contest to see which team can come up with the best response to "lines" -- things girls or boys might say to pressure their partners or friends into having sex. The contest is played like a game show:

- Team A and Team B are in groups, one on each side of the room. (They should be far enough apart so they can't overhear the other group whispering).
- You will be the "game master," reading each "line" aloud, one at a time.
- After the line is read, the teams each go into "huddles" and try to come up with a good response to the line. The first team with a response sounds their bell or horn (or raises their hands if you can't get bells, etc.).
- The team repeats the response and if it is a good one (you and the two volunteers "judge"), they get a point on the "score card."
- The game continues through all "lines" or until time is up. The winning team is the one with the most points.

Explain to the group that this is practice for a real part of life -- saying "no" to someone when you don't want to have sex or saying "no" to pressure from friends. It is important to be able to come up with good responses and to be quick about it, before your partner is able to change your mind.

"Discussion" Points:

1. What is a "line"? (If someone hurts you, threatens you, lies to you, puts you down, or teases you--he or she is using a line to pressure you to have sex.)

2. Is it hard to think of good responses to "lines"? Do you think it would be easier or harder to come up with a response when you're actually in a real situation? Why?

3. Once you think of a good response, is it easy to say it? Why or why not?

4. What do you do if your partner keeps pressuring you?

   - Say no and keep repeating it. Don't offer reasons or excuses for saying "no."

   - Take the offensive. State how the person's continued pressuring is making you feel.

   - Refuse to discuss the matter further. Walk away from the situation.

   Remind teens that these techniques can be used in any situation, not just one involving sex.

5. Is it more common for girls or for boys to use lines? Why?

LEADER RESOURCE SHEET

Pressure Lines

	Sample Pressure Lines		Sample Responses
1.	Everybody's doing it.	1.	"Well, I'm not everybody, I'm me. Besides, I don't really believe everybody is doing it. I think it's a lot of talk."
2.	If you love me, you'll have sex with me.	2.	"If you love me, you'll respect my feelings and not push me into doing something I'm not ready for."
3.	If you won't have sex with me, I won't see you anymore.	3.	"Well, if that's the way you feel, I'm going to miss seeing you, but that's the way it's gotta be."
4.	I know you want to do it, you're just afraid of what people will say.	4.	"If I wanted to do it, I wouldn't be arguing with you about it.
5.	Come on and grow up. You can't be a kid forever.	5.	"Having sex doesn't mean you're grown up. To me, being grown up means deciding what I believe and then sticking to those beliefs."
6.	Let's do it. You know I want to marry you someday.	6.	"Marriage is a long way off for me. I don't know who I'll want to marry."
7.	We had sex once before, so what's the problem now?	7.	"I have a right to change my mind. I've decided to wait until I'm older to have sex again."
8.	You don't want people to think you're not a real man (woman).	8.	"Having sex doesn't prove you are a man (woman). It's not for me right now."
9.	Don't you want to try it to see what it's like?	9.	"I think that's a pretty poor reason to have sex. There are too many risks just to find out what it's like. No thanks."
10.	But I have to have it!	10.	"No you don't. I know that nothing will happen to you if you don't have sex. If I can wait, so can you."

11.	If you want to be popular with the kids at school...you'll do it.	11.	"I don't have to depend on sex to be popular. People like me because of the kind of person I am."
12.	If you get pregnant, I'll marry you.	12.	"I don't want to risk getting pregnant, and I'm not ready to get married."
13.	You want it as much as I do.	13.	"No, I really don't. When did you start reading minds? I've got a lot of plans for my life and I don't want to mess things up by getting pregnant."
14.	You've gotten me all excited. If you love me, prove it.	14.	"Having sex doesn't prove you're in love. I don't want to have sex right now."
15.	Come on. Try me. I'll be the best you've ever had.	15.	"The best for me right now would be to wait."
16.	Come on, take a drink. It will get you in the mood.	16.	"No thanks. I don't want to get drunk and not know what I'm doing."
17.	If you don't, someone else will.	17.	"OK. I guess you should go on and find that person."
18.	A lot of your friends are doing it. You're just not with it.	18.	"What my friends decide to do is their business. I've decided to wait. That's my decision."

ACTIVITY

Practice Role Plays

Purpose: To help teens realize that they can say "no" to sexual activity and to give them practice in doing so.

Materials: Floor space; scenarios from the Leader Resource Sheet entitled "Practice Role Plays" written out on 5" x 7" cards or sheets of paper.

Time: 40-60 minutes.

Procedure: 1,2,3!

Ask for volunteers from the group to play the roles in three of the scenarios. Explain that role playing is an educational technique that allows people to take on the role of another person. They practice feeling, talking, and acting like someone else. Role playing helps the players to increase their empathy for others and it allows the audience to observe how people deal with each other in difficult situations.

Introduce the role plays by saying something like "Teens often have sex, not because they want to, but because they feel pressure to become sexually active. We are going to do some role playing that will help you learn how to say "no" to pressure to have sex before you really want to."

Give the role play situations to the volunteers. Allow them 10-15 minutes to read over their situation and assume the "roles." Visit with each group and discuss their ideas for the role play. Help them with the ideas if necessary. Ask the first group to act out their situation for a few minutes, then discuss the appropriate questions with the entire group.

Repeat this procedure for all of the assigned role play situations. Discuss the following points. You may also conduct discussions by having all the boys answer the questions while the girls listen, and then have all the girls answer while the boys listen. This is a good way for each gender to hear the other's point of view.

"Discussion" Points:

1. What are the stereotypes that go along with being a "virgin?" Examples include being a goody-goody or too ugly.

2. What is society's attitude toward boys who are virgins through adolescence? Is it more difficiult for a guy to say "no" than it is for a girl?

3. Make the point that teens often get pressured because they put themselves in pressure situtions. One way to avoid the pressure is to

avoid the situations. Ask the group to help you list some of these situations, for example, going to a party with older teens, going to a boy's house when his parents are not home, inviting a boy to your house when no one is home, and going out with a much older boy.

Practice Role Plays

1. Actors: one boy and two girls.

Ann and Tony have arrived at his house. The phone rings -- it is his mother calling. She says, "Tony, I am going to be late. I won't be home for an hour." Tony turns to Ann and puts his arm around her and says, "We have a whole hour alone..." He starts to come on to her and she resists.

Discussion Questions:

Why is it so important to Tony that they have sex?

How do you think Ann feels?

How well did she handle the situation?

Can you think of other or better ways for her to say "no" without losing her boyfriend?

2. Actors: four boys.

Scene: Sid, John and Roy are teasing their friend, Mark, because he is still a virgin. He's going out tonight with his girlfriend, and his friends are letting him know they expect him to have sex with her.

Discussion Questions:

Why are Mark's friends teasing him and pressuring him into sex?

How do you think Mark handled the situation? Would you have done anything differently?

Is it better for him to try to make his friends understand how he feels, or should he just pretend he's had sex to keep them from bothering him?

3. Actors: one girl and one boy.

Scene: Pam and Mike are on their third date. Pam assumes that they'll have sex, but he doesn't want to, at least not until he gets to know her better. She thinks he's being silly. "Everyone's doing it," she insists.

Discussion Questions:

How do you think Mike feels about being pressured but not wanting to have sex?

How do you think he handles the situation? What could he have done that would have been more effective?

How can he best say "no" without feeling silly or embarrassed?

Why is it so important to Pam that they have sex?

4. Actors: three girls.

Sharon is visiting two new friends, Elaine and Fay. Both Fay and Elaine are older and "more sophisticated." The subject of sex comes up and both Fay and Elaine talk about their experiences. They ask Sharon about her sex life. Sharon is a virgin and is happy about that.

Discussion Questions:

Did Elaine and Fay try to pressure Sharon or did they respect her choice to remain a virgin? Do teens sometimes change their decisions because of peer pressure?

How important do you think having "older" friends might be to Sharon?

Was Sharon's answer one that will let her continue to feel good about being a virgin but not put her new friends down for having sex?

If Sharon has a relationship with a steady boyfriend, could she have had "intimate experiences" without having intercourse?

5. Actors: one boy and one girl.

John and Donna have been going together for one year. They have had sex several times. Recently, Donna decided that she doesn't want to have sex anymore although she still likes John. He continues to try to get her to have sex with him.

Discussion Questions:

Is it OK to decide not to have sex anymore? Should a partner respect that decision?

Does not having sex anymore for a while always mean the relationship isn't as good as it was?

How did Donna handle the situation? Did she let John know she still likes him? Did she give him a good reason for not wanting to have sex anymore?

CHAPTER 8

HIV AND AIDS:

HOW CAN I PROTECT MYSELF?

A Unit On HIV Infection for the Life Planning Curriculum

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Please acknowledge the Center for Population Options.

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NOTE TO LEADERS

HIV and AIDS: How Can I Protect Myself? was written as a new chapter for the Center for Population Options' *Life Planning Education* curriculum, which was first published in 1984.

This unit is *NOT* a freestanding educational curriculum on AIDS.

It is assumed that the teens have already had instruction on the *Life Planning Education* topics of self esteem, values, decision-making, goal setting, communication, abstinence, reproduction and birth control methods. The unit should follow the chapter in Life Planning entitled "Sexuality." Specific methods of incorporating this unit into a Life Planning program begin on page 197 of this chapter.

While designed as a chapter for *Life Planning Education*, leaders and teachers may find it helpful to incorporate this information into similar programs. It is recommended that leaders review the suggested implementation ideas with their own programs and supplement the program as necessary to round out the topics.

The unit contains 11 hours of HIV/AIDS instruction and activities. It is written for 13 to 17 year olds. The material presented in this curriculum was up-to-date as of September 1988. While the field of AIDS treatment and research is rapidly changing, the messages of prevention and transmission have remained constant. Still, leaders are encouraged to seek the most current information on HIV and AIDS treatment and statistics in preparation for this chapter. Leaders who are new to this issue are advised to seek special training before conducting this unit, and to review the additional resources in the bibliography.

The Center for Population Options (CPO) is a national nonprofit organization dedicated to helping adolescents have accurate information and services available for the choices they make concerning their futures. The Education and Training staff is available to assist organizations to find resources, provide technical assistance and training on AIDS and adolescents, *Life Planning Education* and teen pregnancy prevention.

CPO also strives to keep its materials as useful and relevant as possible. While CPO has conducted pilot tests of these materials in diverse parts of the country, we are interested in knowing how useful you find the materials in your particular setting. Please fill out the following tearsheet and drop it in the mail to us. Thanks!

Evaluation Form for the Life Planning Education Chapter
HIV and AIDS: How Can I Protect Myself?

Leader's Name____

Leader's Organization____

Leader's Address____

____

Leader's Telephone Number____________________________________

This is a ( ) day or ( ) night phone number.

With what kind of group did you use the AIDS module?

( ) School classroom ( ) Youth agency

( ) Religious classroom ( ) Other (please specify)

How many teens were in the group?

( ) Less than 10 ( ) 10-20 ( ) More than 20

Did you have a Life Planning or similar type of program before the AIDS module was available?

( ) Yes ( ) No

How did you use the module?

( ) All activities as Life Planning ( ) As complete program on AIDS

( ) To supplement program ( ) Other ____________

Teens' overall response to the module:

( ) Good ( ) Fair ( ) Poor

Please mark the effectiveness of the activities:

ACTIVITY	TITLE	LOW	MEDIUM	HIGH	NOT DONE
1	AIDS Facts	( )	( )	( )	( )
2	AIDS Vocabulary	( )	( )	( )	( )
3	HIV/STD Handshake	( )	( )	( )	( )
4	STDs & HIV Infection: What's the Difference?	( )	( )	( )	( )
5	Rating Behaviors	( )	( )	( )	( )
6	What Is Risky?	( )	( )	( )	( )
7	Word Association	( )	( )	( )	( )
8	Family Feud	( )	( )	( )	( )
9	If Someone Says ....,	( )	( )	( )	( )
10	Talking with Family Members About AIDS	( )	( )	( )	( )
11	Role Plays	( )	( )	( )	( )
12	News on HIV and AIDS	( )	( )	( )	( )
13	Panel of People With AIDS	( )	( )	( )	( )
14	Condom Hunt	( )	( )	( )	( )

PLEASE CONTINUE ON THE OTHER SIDE

Additional comments about the module:

How can CPO be of further assistance?

( ) Training
( ) Update on AIDS and HIV
( ) Materials development
( ) Other ______________

Please return to: Education and Training Department
The Center for Population Options
1012 14th Street N.W., Suite 1200
Washington, D.C. 20005
202/347-5700

THANK YOU!

INTRODUCTION
HIV AND AIDS:

HOW CAN I PROTECT MYSELF?

AIDS has quickly become a national epidemic, and is a threat to the young people of our country. We welcome you to join with us as we strive to provide youth with current, accurate information about this disease. Teenagers need this information because:

- Thousands of teenagers are at risk of contracting the Human Immunodeficiency Virus (HIV) that causes AIDS because they engage in risky sexual behaviors or drug use, or both.

- Teenagers are subjected to a barrage of messages about sexuality and AIDS. Education is urgently needed to help assuage fears and assimilate accurate information surrounding these issues.

- Teenagers are forming lifetime health habits and need information to guide their development of adult health and sexual behaviors.

- Teenagers are the major source of health-related information for their peers and can also educate their siblings and parents.

- There are young people who have already been affected personally by AIDS. They may have parents, other family members, teachers or friends who are ill with AIDS or have been infected with HIV.

We believe that there are four goals of AIDS prevention programs:

1) To eliminate misinformation about AIDS and HIV infection, and promote compassion for people with AIDS.

2) To help teenagers delay the initiation of sexual intercourse.

3) To ensure that teenagers who are having any type of intercourse use condoms consistently and effectively.

4) To reduce experimentation with drugs, including alcohol, and prevent intravenous drug use.

ELIMINATE MISINFORMATION

Most teenagers lack accurate knowledge about AIDS and the transmission of HIV. Many incorrectly believe that they can get the virus from food handlers, toilet seats and being in a room with gay people. School districts have had to confront unfounded fears about contagion from students, parents, teachers and school employees. Misinformation has created confusion causing workers who care for people with AIDS to be shunned by family and friends. Education programs can reduce these misperceptions and fears by providing factual information about the disease and fostering compassion for people living with AIDS.

HELP TEENAGERS DELAY

Teenagers must be assisted to delay sexual intercourse. The average age of first coitus is now 16 years in the United States; in some communities, the average age for boys is about 12. Teenagers are having intercourse at earlier ages, and most have neither the cognitive nor emotional capacity to handle the implications of sexual relationships. Teenagers need communication, decision-making and goal-setting skills to delay sexual intercourse until they are both emotionally and cognitively mature. To enable teenagers to successfully delay intercourse, options for sexual expression other than intercourse must be mentioned.

ENSURE CONDOM USE

Teenagers should use condoms each and every time they have intercourse. Condom use is quite low among American teenagers -- less than one in four teens who have intercourse use condoms regularly. Teenagers need education about condoms, about how to use them and about where to obtain condoms. This education will help teenagers prevent pregnancies and the spread of sexually transmitted diseases, including HIV infection.

PREVENT DRUG USE

All AIDS education programs need to warn teenagers about the dangers of drug use, especially intravenous (IV) drugs and crack. The widespread use of alcohol throughout the nation by increasingly younger teens requires that teens be taught about its effects. Teenagers need to understand that the use of alcohol or drugs can impair their ability to make good decisions, especially in sexual situations; that some drugs may suppress the immune system; and that sharing any kind of needles puts them at great risk of becoming infected with HIV through blood products.

Chapter Objectives

- To increase knowledge about Human Immunodeficiency Virus (HIV) and AIDS and to eliminate misinformation.
- To identify three ways to protect transmission of the HIV, the virus that causes AIDS.
    - -- Abstaining from sexual intercourse,
    - -- Abstaining from experimentation with drugs and alcohol, especially IV drugs,
    - -- Adopting safer sex behaviors, including effective condom use.
- To increase communication and peer pressure resistance skills related to HIV and AIDS prevention.
- To develop compassion for people with AIDS.
- To identify resources for additional information about AIDS.

Key Concepts In This Chapter

- Everyone who engages in unsafe sex or IV drug use is at risk of contracting the Human Immunodeficiency Virus (HIV) that causes AIDS.
- It is impossible to become infected with HIV by casual contact, e.g. touching someone with AIDS, sharing food, using telephones, restrooms or swimming pools.
- Teenagers can virtually eliminate their chance of contracting HIV by abstaining from sexual intercourse and IV drugs. Teenagers need to have skills to resist peer pressure.
- Teenagers who nonetheless choose to have intercourse must use condoms consistently and correctly during any type of intercourse and be encouraged to consider non-intercourse expressions of sexuality.

Teaching Tips

- If you are uncomfortable with any of this material, ask a professional AIDS educator, sexuality educator or medical professional for help.
- Call a local or national AIDS Hotline (800-342-AIDS) for additional information and the most up-to-date statistics. There is also a National Teen AIDS Hotline (800-234-TEEN).
- Help teens understand that they have the ability to protect themselves from HIV.

- Help teens expand their understanding of sexuality and sexual behavior as a continuing aspect of their lives which is not limited to intercourse.

- Use an anonymous question box. Tell the teens that you know people have lots of questions about AIDS. At the beginning of each session, go over the questions in the box. Answer the questions, but do not hesitate to seek expert opinion as needed. Teens may also be encouraged to use the national hotline numbers to find answers to questions. We recommend using the question box throughout the sessions on AIDS and sexuality.

Integrating This Chapter With Life Planning Education

This chapter on HIV and AIDS is divided into activities which focus on information and others which focus on skills using the new information. We recommend devoting equal time to information and skill-building. When a choice is forced between the two, an emphasis on skills will help teens protect themselves from the virus. Information alone cannot and will not work.

Recognizing that the diversity of programs is as great as the diversity in students, there are three different options described below for implementing this chapter. The first is for inclusion as an additional chapter in a Life Planning Education program. While this option (**Option 1**) is best suited to a program which can be extended to allow time for all activities, (approximately 10 hours), it can be completed in less time.

The second method described will be useful in integrating the HIV-AIDS activities throughout a Life Planning program. **Option 2** is an approach which might be chosen to diffuse the singular focus of material with the students. Rather than "THE AIDS CHAPTER" over a consecutive number of sessions, there would be AIDS information, or Communication and AIDS activities interspersed throughout the program. This may prove less disturbing to some students. This option may also benefit some students by the repetition of basic information in different activities throughout the course.

The last option, **Option 3**, is designed for programs which must focus on HIV-AIDS information and have little opportunity for a complete Life Planning program. A skeletal form of the essential elements of Life Planning can be introduced, and the HIV-AIDS activities emphasized by following this format. Required state and local mandates for AIDS education may be fulfilled by the course, or it may require a supplement on the biomedical aspects of HIV infections and the diseases associated with AIDS. **Option 3** is considered the minimum content for a course on preventing HIV infection in young people.

The option you choose for your program will depend upon its specific characteristics, including: the length of program, the length of sessions, the size of the group, the maturity of the group, the previous learning experience of the group, the support of administrators and/or supervisor and the involvement with parents. We encourage each leader to carefully review all the activities to determine the best course for his/her group of teens.

Option 1: As a chapter in Life Planning Education

Leaders who choose to present this chapter as a chapter in the Life Planning program are encouraged to include this chapter after the sexuality chapter (Chapter 7.) We recommend using some of the activities on communication before this module. Specific suggestions are for "Choose Your Words Carefully For Positive Communication" (p. 286) and "Non-Verbal Communication" (p. 290).

Option 2: Activities throughout the original Life Planning Education chapters

When it is desirable to incorporate HIV-AIDS information throughout a Life Planning program, there are many ways to accomplish this goal. We recommend one method here, and encourage you to experiment to meet the needs of your group of teens.

In the following **Activity Block** the HIV-AIDS activities are separated into five blocks (A-E). We recommend the inclusion of **Block A** with other basic information presentation, such as with sexually transmitted disease information in the sexuality chapter. These two activities can be combined, using a vocabulary game as a lead-in to the basic facts about HIV and AIDS.

The activities in **Block B** focus on the difference between methods of HIV transmission and protection. Two of these activities are recommended for use during the STD section of the program.

Block C is best used within the values section of the program. At least two of the activities from **Block D** (communication skills) are recommended for use within the communication chapter. All of the activities in **Block E** are practicums, designed to assist teens as they function in the world outside of the course. They are recommended for use near the end of the course. "News on HIV and AIDS" can serve as an update of the facts, while "Panel of People With AIDS" promotes positive communication skills and compassion, and "Condom Hunt" practices specific skills for HIV protection. This last activity can also be used within the sexuality unit.

ACTIVITY BLOCKS

BLOCK	ACTIVITY	TITLE	TOPIC
A	1	AIDS Facts	Information
A	2	AIDS Vocabulary	Information
B	3	HIV/STD Handshake	Transmission & Prevention
B	4	STDs & HIV Infection: What's the Difference?	Transmission & Prevention
B	5	Rating Behaviors	Transmission & Prevention
B	6	What Is Risky?	Transmission & Prevention
C	7	Word Association	Personal Values and Attitudes
D	8	Family Feud	Communication Skills
D	9	If Someone Says ...,	Communication Skills
D	10	Talking with Family Members About AIDS	Communication Skills
D	11	Role Plays	Communication Skills
E	12	News on HIV and AIDS	Practicum: Information Maintenance Skills
E	13	Panel of People With AIDS	Practicum: Communication and Compassion Skills
E	14	Condom Hunt	Practicum: Protection Skills

Option 3: An HIV-AIDS focus with the essentials of Life Planning

In recognition of the limited time available for many programs, the basic Life Planning information program with a strong emphasis on HIV education could be conducted in 2 weeks, with 5 one-hour sessions each week. A sample of this could be:

Session 1	Are You Listening? (p. 292) Distribute Stereotypes Scavenger Hunt (p. 75)
Session 2	Personal Coat of Arms (p. 35) Rank Your Values (p. 51)
Session 3	Bag Game (p. 113) Sexuality Information (p. 169 and Leader Information Sheets)
Session 4	Myth Information (p. 164) AIDS Vocabulary (p. 207)
Session 5	AIDS Facts (p. 204) HIV/STD Handshake (p. 211)
Session 6	Return and Discuss Stereotypes Scavenger Hunt Rating Behaviors (p. 215) Distribute either Condom Hunt (p. 243) or Family Interview (p. 231)
Session 7	Word Association (p. 223)
Session 8	Role Plays - Sexuality (p. 184) and HIV-AIDS (p. 234)
Session 9	Review of AIDS facts and session 6 take-home activity If Someone Says... (p. 228)
Session 10	Guest Speaker, Panel of PWA (p. 241) or News Update (p. 240)

ADDITIONAL SUGGESTIONS TO LEADERS

Teaching young people about AIDS is likely to be both professionally and personally challenging. Leaders will have their own feelings and values about many of the concerns raised by the AIDS epidemic, and may not be totally comfortable with some of the issues that students are likely to raise. In particular, leaders may feel uncomfortable presenting sexuality-related information.

It is important to acknowledge the wide range of sexual experiences in a classroom or group of young people. Some teens will have already had heterosexual experiences; some teens will have had homosexual experiences. Some teenagers will have had intercourse; some will never have kissed anyone. Some will be dating; others may not yet be interested in sex. Some teens may have good reasons to believe that they have been exposed to HIV; others may believe they have contracted it from a drinking fountain. Students in your group may have friends or relatives with AIDS; some will have parents whose behavior may place those parents at risk.

It is important for the leader or teacher to address all of the young people in a group. One could begin by saying something like, "We are going to be discussing AIDS. AIDS is a national emergency. All of us need to know more about this disease and how it is transmitted. We will be talking later about prevention. You may not need this information now or ever, but it is important for everyone to listen so that he or she can be helpful to a friend, or family member, or yourself in the future."

Many young people are afraid of AIDS, and that fear may keep them from protecting themselves. Leaders can reduce this fear by explaining to teens that AIDS can be prevented. Teens can feel empowered by learning that they have the ability to practice behaviors that will prevent them from ever becoming infected.

Leaders need to be prepared to deal with homophobia (negative and fearful attitudes about homosexuality). The AIDS epidemic has led to a rise in incidences of violence against homosexuals and has the potential of increasing homophobia among teens. This represents an apparent need to want to blame someone for AIDS, but in so doing, it obscures an accurate understanding of the problem. Further, leaders need to be aware that some of the young people in their groups may be gay or are questioning their sexual orientation, and that the AIDS epidemic may be especially affecting these youth. Adults can use this opportunity to help gay or questioning youth contact the local community resources. Additional discussion of these issues will help teens clarify their personal and family values.

One of the subtle, yet powerful, ways we can begin to help teenagers to consider delaying sexual intercourse is by changing the language we use to define teens and their sexual behavior.

Traditionally, teens who are having intercourse are described as "sexually active." Indeed, interviews and surveys designed to discover whether or not a teen is having intercourse often ask "Are you sexually active?" With that terminology, the entire range of sexual behavior, from fantasy to social interaction, to touch, to intercourse has been narrowed down to one and only one act. All behaviors other than intercourse are not considered sexual. The message conveyed to a teen who may need to see "sexual activity" as part of what marks his or her passage into adulthood is that only sexual intercouse really constitutes the behavior of a "sexually active" person! When what we mean or want to know pertains to the specific act of intercourse, that's the word to use. Let's begin to reframe and expand the concept of sexual activity to validate the entire spectrum of expression of our sexual and sensual selves, thus acknowledging the importance and specialness of many sexual behaviors not so risky for our teens.

One of the most difficult and important tasks for leaders is to discuss safer sex guidelines with teens. Teenagers need to receive information about the sexual behaviors that place them at risk of HIV infection. Because most teenagers experiment with some types of sexual behavior, educators can help teens understand which ones are safer and which ones are risky.

Throughout this unit the term "all types of intercourse" will be used. This refers to vaginal, oral and anal intercourse. None of these behaviors in and of itself puts a person at risk for HIV infection. Rather, it is engaging in these behaviors with a partner whose antibody status is positive or unknown that makes a behavior risky. Some medical professionals are also concerned that anal intercourse can provide an easier route for viral transmission because of the greater potential for tearing delicate tissues.

"Mutual monogamy" is another frequently mentioned term related to safer sex behavior. Mutual monogamy refers to people who only have sex with one partner who only has sex with them. When the topic of mutual monogamy is discussed with teens they often wonder "how long is long enough?" and "when can we be sure we're okay?" They may express varying opinions, from two weeks to a semester. The truth is that mutual monogamy may be difficult to achieve before mature adulthood, and even then can continue to be an issue of concern. As new evidence about the incubation period emerges, it becomes increasingly difficult to know with certainty "how long is long enough."

Educators can help teens understand that there are many ways to express sexual feelings that do not place them at risk of an unplanned pregnancy or sexually transmitted disease including HIV. These include touching, fantasizing, caressing, massage and masturbation. Talking, kissing, whispering, hugging, singing, dancing and holding hands are also ways of showing and receiving affection from a partner. Abstinence from all types of sexual intercourse -- oral, vaginal, anal -- is safe.

Strategies to encourage abstinence are an important component of AIDS education. Teenagers need to know that intercourse is not necessary to give or receive pleasure. Young people need to learn to express affection not only through non-genital activities but through non-sexual avenues. Many of the activities in Life Planning's Sexuality Chapter will be helpful in promoting abstinence.

It is also important for educators to be realistic about the numbers of teens in their programs who are having sexual intercourse. In a group of 16 year olds, half of the young people are likely to be virgins, and half are likely to be engaging in intercourse. Those young people who engage in risky sexual behaviors need explicit information about how to protect themselves.

Leaders can help those teenagers to understand their risk of becoming infected and how to practice safer sex. Any type of sex between two uninfected partners is safe. **The difficulty is that most people**, teenagers or adults, **do not know if they have been exposed to the virus.** "Knowing someone well" or "asking your partner about AIDS" is an unrealistic way to assess potential risk, especially for teenagers. Teenagers need to understand that it is impossible to tell if someone is infected just by looking at him or her or through intuitive powers.

Teens need to know that most sexual activities can only be called "safer sex," as there are few guarantees. Intercourse with condoms with an infected partner or a partner whose antibody status is unknown can only be considered "safer." Latex condoms have been proven to be an effective barrier to HIV in the laboratory.

However, condoms have the possibility of breaking or leaking, especially when they are not used correctly. Although condoms are not 100% effective against the spread of HIV or for preventing pregnancy, they offer the best protection available for people who are going to have intercourse with a partner whose antibody status is unknown. Condoms lubricated with non-oxynol-9 may provide additional protection. Many of the problems associated with condoms have to do with incorrect use. Leaders can include explicit instructions about condom use, or may want to adapt the **Leader Information Sheet on Methods of Birth Control** as a handout.

In preparing to teach teens about HIV and AIDS, there will be many opportunities for reassessing personal beliefs and values for the leader. We encourage leaders to question themselves, and to seek the support of another youth leader if possible. We also are glad to welcome you in joining us, as you embark upon this task of great importance to our young people.

ACTIVITY

AIDS Facts

Purpose: To provide basic information about AIDS.

Materials: Newsprint and markers or blackboard and chalk

Time: 1-2 hours

Planning Notes:

Most teenagers have heard a great deal about AIDS, but many are confused by misinformation about transmission. Most teenagers do not believe that AIDS will affect them, and in studies, most report that they have not changed their behavior. It is important to acknowledge that teens may know much of the information about AIDS, but that this is an opportunity to clarify any questions and confusions. We strongly recommend the use of the "question box" to help bring up the issues which are most important to the teens.

Procedure:
1,2,3:

The following are key concepts that the group should understand either through a lecturette or discussion:

* AIDS is a very serious health problem in the United States. As of September 19, 1988, there were over 73,000 reported cases of the disease, and more than 41,000 deaths. (Call 404-639-3472 for most recent statistics.)

* By 1992, it is projected that 365,000 Americans will have been diagnosed with AIDS and 263,000 will have died.

* There is no cure or vaccine for AIDS.

* AIDS is the abbreviated name (or acronym) for Acquired Immunodeficiency Syndrome. A syndrome is a group of symptoms, which is why AIDS doesn't make everyone sick in the same way. There are basically four different types of illness that people may get when they have AIDS - cancer, fungus, pneumonia and viral infections.

* The most common illnesses that people get when they are sick with AIDS are very uncommon in people with healthy immune systems. The virus that causes AIDS changes the immune system, allowing these illnesses to develop.

* The virus that causes AIDS is called Human Immunodeficiency Virus, also known as HIV. People can be infected with the virus that causes AIDS (HIV) without having symptoms or being sick, yet they can still infect others by sexual contact or sharing needles. You cannot tell if someone is infected with HIV by looking at him or her.

* HIV is primarily transmitted three ways:

1) Through sexual intercourse of any kind with a person infected with HIV.
2) Through the receipt of blood products from an infected person, primarily by sharing needles for IV drug use. Sharing needles for other reasons, such as tattooing and steroid injections, may also transmit the virus.
3) An infected pregnant woman can transmit the virus during pregnancy or childbirth to her child.

* Prior to 1985, some people were exposed to HIV from blood transfusions. Since 1985, the blood supply has been tested for HIV, and now only a minute number of people receiving transfusions will be at risk of infection. This risk is due to the presence of a time period (or "window") between actual infection and the point at which the antibody has developed and can be detected in the blood. There is absolutely no need to worry about becoming infected with HIV by donating blood.

* There is no test for AIDS. There is a test to see if someone has antibodies to HIV in his or her body. If s/he tests negative for the antibodies, s/he is said to be "seronegative." People who are seronegative and later test positive for the antibodies are said to have "converted." If s/he tests positive for the antibodies, s/he is said to be "seropositive."

* People who are seronegative may have the virus, but may have not yet developed antibodies. Doctors estimate that the time from infection with the virus to antibody development may range from weeks to months. This concept is complicated, but important because it demonstrates how difficult it is to know if a partner is truly "safe," that is, not infected.

* Being seropositive is different from having AIDS. We do not yet know how many people who are infected with HIV will become sick with AIDS. Some experts think all people infected with HIV will eventually become sick with AIDS.

* HIV is not transmitted through casual contact, such as touching someone with AIDS, sharing food, swimming in pools or hot tubs or using public facilities. There are no known cases of HIV transmitted by casual contact. Mosquitoes do not transmit HIV.

* Teenagers can protect themselves from HIV by abstaining from intercourse and IV drug use and by practicing safer sex. Safer sex involves abstaining from any type of intercourse, or using condoms during every act of intercourse. Everyone who is currently uninfected with HIV can stay uninfected. People can protect themselves.

OPTIONAL Activities:

1. Facts Circle: Begin by asking the group members what they have heard about AIDS. Have each teen share one "fact" s/he knows about AIDS. Gently correct misinformation. Phrases that can be useful in doing this include "Lots of people think that, but newer (more recent) information shows that...", "It's easy to believe the sensational news items at face value, and many people do, but let's look at what this means", and "Let's look at how that fits in with some of the other information we know." This activity works best when the leader is well known by the group. Weave in the key concepts as you discuss the teens' "facts."

2. There are many good movies about AIDS that can serve as an introduction. We especially like "Changing the Rules," but there are many excellent resources. See the Resource List. Be sure to leave time for questions and discussions.

3. Fact, Myth or Question: Have the teens write a "fact", myth or questionable statement on a piece of paper. Collect all pieces of paper and read each one aloud. Following each statement decide whether it is indeed a fact, myth or a statement which requires further information. This is a good follow-up activity to reinforce prior information, or as an introductory overview with a well-informed group.

ACTIVITY

AIDS Vocabulary

Purpose: To introduce the vocabulary about AIDS and to present methods of seeking additional information about AIDS.

Materials: Word List, pamphlets on AIDS, telephone numbers of national and local hotlines and health department.

Time: 45 minutes, depending upon the size of the group

Planning Notes:

Prepare words and definitions on separate slips of paper. Make sure there will be a slip for every student in the group. Keep words with matching definition until ready to distribute them.

Procedure: 1,2,3:

Tell the teens that AIDS education requires a special vocabulary. Distribute a slip of paper to each person. Have the teens with the words find the teen with the matching definition. Discuss each word and definition as a group.

"Discussion" Points:

1. How does it feel when someone uses a word that you don't understand? What are possible reactions and what is the best choice? Does the situation make a difference in the best choice of reactions?

2. If they have questions about AIDS after the group ends, where would they go for information?

OPTIONAL Activities:

1. This assignment can be done as a homework assignment either individually, in pairs or teams. As homework this activity works best for teens who are comfortable with reading and writing skills. Hand out the list of words and ask them to fill in the definitions. Resource materials such as dictionaries, AIDS pamphlets and newspaper articles should be readily available. They can also ask adults at home for assistance.
   Points to remember while discussing the assignment:
   1. Go over the vocabulary list and make sure that the correct definitions are shared.
   2. Where did they find the definitions for the words? Which words were most difficult to find?
   3. If they have more questions about AIDS afterwards, where would they go for information?

ACTIVITY WORKSHEET

AIDS Vocabulary Word List

*AIDS

*HIV

*HIV infection

*opportunistic infections

*Kaposi's Sarcoma

*Pneumocystis Carinii Pneumonia

*AZT

*mutually monogamous

*safer sex

*IV drug use

*heterosexuality

*homosexuality

*bisexuality

*abstinence

*latex

*nonoxynol-9

*asymptomatic

*carrier

*confidential test

*anonymous test

*immune system

*antibody

*seropositive

*seronegative

*PWA

*condom

*spermicide

LEADER RESOURCE SHEET

AIDS Vocabulary Word List With Definitions

*AIDS -	Acquired Immunodeficiency Syndrome
*HIV -	Human Immunodeficiency Virus
*HIV infection -	Infection with the Human Immunodeficiency Virus which may or may not make the person feel sick.
*opportunistic infections -	Infections which only happen when they have the opportunity to develop through a faulty immune system.
*Kaposi's Sarcoma -	A type of cancer once commonly found only in older men, now frequently seen in people of all ages infected with HIV.
*Pneumocystis Carinii Pneumonia -	A type of pneumonia caused by a germ present in all lungs, which is able to make a person very sick when s/he has a faulty immune system.
*AZT -	Zidovudine, a medicine which helps the body strengthen the immune system and can improve the life of a person with HIV infection.
*mutually monogamous -	Describes two people who only have sexual intercourse with each other.
*safer sex -	A commonly used term describing sexual practices which prevent the exchange of blood, semen and vaginal fluids.
*IV drug use -	Taking drugs for non-medical purposes by injecting them into a vein with a needle and syringe.
*heterosexual -	Sexual orientation to people of the opposite sex.

*homosexual -	Sexual orientation to people of the same sex.
*bisexual -	Sexual orientation to people of the same and opposite sex.
*abstinence -	Refraining from or not doing something; oftens refers to not drinking or having sexual intercourse.
*latex -	A kind of rubber.
*nonoxynol-9 -	The chemical name for a common sperm-killing ingredient in contraceptive foam or jelly.
*asymptomatic -	Showing no outward sign of infection.
*carrier -	A person who has a germ and can infect others with it.
*confidential test -	When a name is given, but the information is kept secret.
*anonymous test -	When no name is given so that no one knows who the person tested is.
*immune system -	The part of the body that kills germs and foreign cells.
*antibody -	A specialized cell found in blood that kills a specific germ.
*seropositive -	When a blood test for HIV antibodies shows that there are antibodies in the blood.
*seronegative -	When a blood test for HIV antibodies shows that there are no antibodies in the blood.
*PWA -	Initials which represent a person with AIDS
*condom -	A thin latex rubber covering for a penis.
*spermicide -	A cream, jelly or foam that works to kill sperm.

ACTIVITY

HIV/STD Handshake

Purpose: To increase awareness of how quickly AIDS and STDs can be spread and how they can be stopped. This exercise also illustrates effects of peer pressure.

Materials: Prepared index cards, enough for each group member

Time: 30 minutes

Planning Notes:

Prepare the cards by marking three cards with a small "c", three cards with the message "Don't follow my directions until we return to our seats," and one card with a small "x." You may wish to put a message like "Follow all my directions" on the rest of the cards, including the "c" and "x" cards.

Procedure: 1,2,3:

Distribute one index card to each teen. Tell everyone to keep the special instructions on his or her card secret for the next few minutes, and to follow the instructions on the card. Ask the group to stand and shake hands with three people and ask each of those people to sign the card.

When all the teens have collected three signatures, have them take their seats. Ask the person with the "x" on his or her card to stand up. Ask everyone who shook hands with that person to stand up. Ask everyone who shook hands with a standing person to stand up. And so on until everyone is standing, except for the designated non-participators.

Now tell the group to pretend that the person with the "x"-marked card was infected with HIV or an STD, and that instead of shaking hands, they had had unprotected intercourse with the three people whose signatures they collected. Remind the teens that this is "pretend", that infections are not spread this way, and that these students do not really have an infection.

Now tell the group to pretend that the people with the "Do not participate" cards had chosen to abstain from intercourse.

Finally, asking the group to continue the pretense, ask the teens to check if they had a "c" marked on their card. These people had used condoms and were not at significant risk. Have those teens sit down also.

"Discussion" Points:

1. How did person "x" feel? How do you feel towards person "x"? What were the initial feelings of the teens who weren't allowed to play? How did those feelings change during the course of the exercise? How did the group feel towards them initially? And then later?

2. What makes it difficult to not participate in an activity that everyone else is doing?

3. How did the people who discovered they had used condoms feel?

4. How did it feel to find out that you might have been infected? Would you have been uncomfortable shaking hand with someone who really has an STD or is infected with HIV?

5. Person "x" didn't know s/he was infected - how could we have known ahead of time?

ACTIVITY

STDs and HIV Infection: What's the Difference?

Purpose: To help teens understand that HIV is a sexually transmitted disease, and that many of the prevention methods associated with HIV infection will also protect teens against other STDs.

Materials: Newsprint and magic markers

Time: 25 minutes

Procedure:
1,2,3!

Teens are familiar with other STDs. HIV shares many of the same characteristics as other STDs, like gonorrhea and syphilis, yet in other ways, is fundamentally different.

Divide the group in two. Ask one group to brainstorm how HIV infection is like other STDs. Ask the other group to brainstorm a list of how AIDS is different from other STDs.

Have the groups share their lists. Check for correct information.

"Discussion"
Points:

1. Do some items belong on both lists, depending on the type of STD? (e.g., both herpes and HIV are incurable, although other STDs have cures.)

2. Are there reasons to be more worried about HIV than other STDs? Are there reasons to be more worried about other STDs than HIV?

3. What steps can teens take to reduce their risk of contracting all STDs?

O

1. Instead of having the group share their lists, a game can be created with the leader taking the "best" answer from each team, and writing it on a blackboard or newsprint. After alternating between teams and exhausting all answers, points can be given for the answers, with one team "winning" a special prize or privilege. Suggested scoring is one point per original answer and one-half point for an answer the other team has already given.

LEADER RESOURCE SHEET

STDs and HIV Infection: What's the Difference

Lists should include the following information:

Same

- *Can be spread by a person without symptoms
- *Spread through sexual intercourse
- *Can reduce risk by abstaining or using condoms
- *Affects all groups of people
- *Can be avoided by abstinence or safer sex.

Different

- *Usually fatal in 3 years
- *HIV can be spread by exchange of blood
- *Currently no cure for HIV

ACTIVITY

Rating Behaviors

Purpose: To help teens identify means of HIV transmission and those behaviors that are safe.

Materials: Worksheet, "Rating Behaviors"

Time: 30 minutes

Procedure: 1,2,3:

Distribute copies of the worksheet, "Rating Behaviors." Ask the group whether the behavior is definitely a risk, probably a risk, probably not a risk, or definitely not a risk. After each teen has completed the worksheet, ask him orher for his/her answers. Have the group provide explanations for their answers.

"Discussion" Points:

1. What are the major risks for contracting HIV?

2. How do we know that casual contact does not spread HIV?

3. What behaviors still need additional research? If a risk is uncertain, how can a person decide about that behavior?

4. How can teens prevent transmission?

OPTIONAL Activities:

1. Have group brainstorm a list of safe and safer sex guidelines for teenagers. Remember to emphasize the broad nature of sexuality as discussed in the introduction. Examples of safe activities include talking, touching, massaging, and dancing. Safer activity examples include vaginal intercourse with a condom and french kissing.

ACTIVITY WORKSHEET

*adapted from Stephen Sroka and Leonard Calabrese,
"Educators Guide To AIDS and Other STDs"

Behavior	Definitely A Risk	Probably A Risk	Probably Not A Risk	Definitely Not A Risk
Not having sexual intercourse (abstinence)				
Sharing needles in IV drug use				
Intercourse without condoms				
Kissing				
Getting a blood transfusion in 1988				
Donating blood				
Using a public toilet				
Using a public telephone				
Shaking hands with a person with AIDS				
Hugging a person with AIDS				
Being coughed on by a person infected with HIV				
Going to school with a person with AIDS				
Being born to a mother with HIV				
Being bitten by a mosquito				
Swimming in a pool				

Behavior	Definitely A Risk	Probably A Risk	Probably Not A Risk	Definitely Not A Risk
Sharing a toothbrush or razor				
Sharing needles for ear piercing or home tattoos				
Intercourse with a condom				

LEADER RESOURCE SHEET

*adapted from Stephen Sroka and Leonard Calabrese,
"Educators Guide To AIDS and Other STDs"

Behavior	Definitely A Risk	Probably A Risk	Probably Not A Risk	Definitely Not A Risk
Not having sexual intercourse (abstinence)				X
Sharing needles in IV drug use	X			
Intercourse without condoms	X			
Kissing				X
Getting a blood transfusion in 1988			X	
Donating blood				X
Using a public toilet				X
Using a public telephone				X
Shaking hands with a person with AIDS				X
Hugging a person with AIDS				X
Being coughed on by a person infected with HIV				X
Going to school with a person with AIDS				X
Being born to a mother with HIV	X			
Being bitten by a mosquito				X
Swimming in a pool				X

Behavior	Definitely A Risk	Probably A Risk	Probably Not A Risk	Definitely Not A Risk
Sharing a toothbrush or razor			X	
Sharing needles for ear piercing or home tattoos	X			
Intercourse with a condom			X	

ACTIVITY

What is Risky?

Purpose: To help teens recognize that they are vulnerable to HIV infection and to identify strategies to prevent infection.

Materials: Leader Resource Sheet, "What Is Risky?"

Time: 45 minutes

Procedure: 1,2,3:

Explain to the group that it is behavior that places people at risk of contracting HIV. At one time, certain groups of people were thought to be at risk for HIV infection. But we now know that it is behavior that places one at risk, not being a part of any particular group. Anyone who engages in risky behaviors is at risk of HIV infection.

Write the three headings on a blackboard and ask the group to brainstorm behaviors in each category. Keep the group focused on behaviors that place people at risk for HIV infection.

"Discussion" Points:

1. What can teens practicing risky behaviors do to reduce their risk?
2. What would help more teens practice safe behaviors?
3. Are there some behaviors that place people at risk of pregnancy but not HIV? (e.g. Two people in a mutually monogamous relationship can still have an unplanned pregnancy and need to use contraception.)

OPTIONAL Activities:

1. Use the worksheet as a classroom or take-home assignment, with the discussion during the following class.

ACTIVITY WORKSHEET

What Is Risky?

No Risk BEHAVIOR	Low Risk BEHAVIOR	High Risk BEHAVIOR

LEADER RESOURCE SHEET

No Risk Behaviors

- Abstaining from any type of sexual intercourse
- Sexual intercourse in a mutually monogamous relationship with an uninfected person
- Not drinking or using drugs
- Sexual behaviors that don't involve contact with blood, semen or vaginal secretions
- Casual contact with a person who is infected or has AIDS
- Donating blood

Low Risk Behaviors

- Using a condom during any type of intercourse -- each and every time

High Risk Behaviors

- Drug use that inhibits judgments about sex - like crack
- Unprotected intercourse of any kind with a partner whose serostatus is positive or unknown
- Sharing needles for drugs or other reasons

ACTIVITY

Word Association

Purpose: To help teens identify attitudes that may make it difficult for teens to avoid HIV infection.

Materials: Leader Resource Sheet, "Word Association," paper, pencils, blackboard or flip chart, chalk or markers

Time: 30 minutes

Planning Notes:

Before doing this activity, the leader needs to be prepared to take time to deal with the many thoughts and feelings this activity may raise. The responses may be very intimate and personal, and it will be very important to bring up a range of values and to allow for differences in beliefs. We suggest that the leader first complete the exercise individually or with a close friend or spouse, and look at his or her personal values and beliefs in preparation for this activity.

Procedure: 1,2,3!

Tell the group you are going to play a game called "Word Association." You will read them a word or phrase, and they are to write down the very first thought that comes into their minds. Encourage one word or very brief responses. Ask them to try not to write down what they think they "should" think, but their first thought. Suggest that they respond with a feeling, not a definition. An example to give the group would be "homework," where a "feeling" response might be "yuck," while a definition is "work assigned to be completed at home."

After you have completed the list, ask participants to share their thoughts. Write the words on the blackboard or flip chart. Note: If you are only getting responses that the teens term "correct," you can offer alternative responses.

"Discussion" Points:

1. How does adult society feel about teenage boys having sex? Teenage girls? Does a double standard still exist? What is it based on?

2. Would adults answer these questions differently? How do adult attitudes about sexuality affect teens behavior?

3. Will negative attitudes about condom use affect teens' ability to protect themselves against AIDS? What could change those attitudes?

4. How have attitudes about homosexuality affected society's response to the AIDS epidemic?

OPTIONAL Activities:

1. Duplicate the Leader Resource Sheet as a handout. Ask teens to individually complete the worksheet. Ask them to fill in the statement with the first thought that comes to their mind. Explain you will not be collecting the worksheets, but will be holding a discussion to talk about the different attitudes people have about AIDS and prevention of HIV infection. After individuals have finished, ask for responses from the group for each statement. You may wish to process paired statements together before moving on.

2. Label large pieces of newsprint with words, "AIDS," "Condoms," "Girls Who Have Sex," "Boys Who Have Sex," "IV Drugs," "Alcohol," "Just Say No," "Virgins," and "Homosexuality," and post around the room. Distribute markers, ask teens to rise and write the first word that occurs to them on the sheet as they look at the label. Use the Discussion Points above.

3. An alternative to number 2 above is to make sure that there are the same number of topics as there are teens. This can be a "musical chairs" kind of activity, preferably using the teens' music. Each teen stands by the posted newsprint and writes his or her response on the newsprint. All students change places during the music and must stop when the music stops. This helps prevent any one teen from having to voluntarily approach newsprint labelled "Virgins" or "Homosexuality".

4. Another written option would have the teens fill out the worksheet anonymously at one session. Before the next session the answers are compiled and typed. Copies are distributed at the following session. Discussion is then based on everyone having the same information, and would include the above "Discussion Points." This technique increases the anonymity of one's responses and allows the group to quickly see the entire range of feelings within the group.

LEADER RESOURCE SHEET

1. A girl who carries condoms ______________________________.
2. A boy who carries condoms ______________________________.
3. A 17 year old girl who is a virgin ______________________.
4. A 17 year old boy who is a virgin _______________________.
5. Heterosexuals ______________________________________.
6. Homosexuals _______________________________________.
7. Bisexuals ____.
8. A person with AIDS __________________________________.
9. Planning to have sex ________________________________.
10. Pressuring someone to do drugs ______________________.
11. Pressuring someone to drink alcohol (beer, wine, liquor) ____.
12. Pressuring someone to have sex ______________________.
13. Condoms ____.
14. IV drugs ____.
15. Talking with adults about sex _______________________.
16. Going to school with someone with AIDS _______________.
17. Buying condoms ____________________________________.
18. Family planning clinics ____________________________.
19. The thought of having HIV myself ____________________.
20. AIDS ____.

ACTIVITY

"Family Feud"

Purpose: To help teens practice responding to peer pressure related to sex or drugs.

Materials: Leader Resource Sheet, "Family Feud" Lines

Time: 30 minutes

Procedure: 1,2,3:

Tell the group that you are going to play a game modeled after one they may see or have seen on T.V. called "Family Feud." Ask for six volunteers. Divide the volunteers into Team A and Team B. The "host" can either be a teen or the leader. The remaining teens will be the "judges." Each team will be asked to respond to a statement with as much conviction as possible. Teams may confer prior to a response. Team members should take turns responding. Have the "judges" vote by clapping for the best response. The team receiving the loudest applause will win one point. The first team to reach six points wins.

Example:

Host: "You would if you loved me."

Team A: If you loved me, you wouldn't ask.
Team B: If we love each other, we can wait.

After both responses have been given, ask the "Judges" to clap for the best response. The "Host" or the "Judges" can decide who gets the point.

"Discussion" Points:

1. What made one response better than another?
2. How difficult was it to develop good responses for all of the statements?
3. In real life, would it be more difficult to respond to these statements? What would help make it easier?

Sample Statements

1. Just try this drug once.

2. But everybody is doing it.

3. I'm not worried about AIDS. Only gay guys get it.

4. Why do you think you need to be careful - are you gay?

5. Needle popping isn't the same as doing IV drugs. Why not try it?

6. Only girls who are easy carry condoms.

7. You would if you loved me.

8. But I'm already on the pill. We don't need those.

9. Stay away from him. I heard his brother has AIDS.

10. He's gay. He's going to get AIDS.

11. You're probably the last virgin in school.

12. My parents would kill me if I bought a condom.

13. Only Black and Hispanic people can get AIDS.

14. Just have a drink to loosen up.

ACTIVITY

"If Someone Says ..."

Purpose: To increase teens' comfort and skills for communicating about AIDS with other teens.

Materials: Activity Worksheet, "If Someone Says"

Time: 20 minutes

Planning Notes:

This activity is an alternate to the preceding "Family Feud" activity.

PR

Tell the teens that they can now become AIDS educators, but they will need to learn how to respond to inaccurate or judgmental statements about AIDS. Read a sentence from the Activity Worksheet aloud, and ask for a volunteer to respond to the statement. Ask for other possible responses. You may wish to begin by responding to one or two first to model appropriate responses.

"Discussion" Points:

1. Ask the group to share their responses to each statement.
2. Were some statements easier to respond to than others? Which ones? What made some more difficult?
3. Did some of the statements make you angry? Embarassed? Confused? Which ones? How can those feelings affect your response to the person?

OPTIONAL Activities:

1. Distribute the activity worksheet as homework. Ask each teen to complete it, and discuss their responses at the next session using the above Discussion Points.
2. This activity can also be done in paired groups. The leader reads each statement aloud and one member of the pair responds to the other. Follow with the above "Discussion Points."

ACTIVITY WORKSHEET

"If Someone Says:"

1. "I'm not gay and I don't use IV drugs so I don't need to worry."

You say:

2. "Only gay people get AIDS."

You say:

3. "Homosexuals are sick."

You say:

4. "Stay away from Chip. He's gay and he might have it."

You say:

5. "I heard you could get AIDS from mosquitoes."

You say:

6. "Come on. Everybody's doing it."

You say:

7. "Using rubbers is like taking a shower with a raincoat on."

You say:

8. "Come on. Try it. We're not mainlining, just skin popping."

You say:

9. "You would if you loved me."

You say:

10. "Only sleazy sex can give you AIDS."

You say:

11. "I'd kill myself before I'd use a condom."

You say:

12. "I can tell by looking at someone if he has AIDS, so why worry?"

You say:

13. "People with AIDS should be quarantined."

You say:

ACTIVITY

Take Home Assignment

Talking with Family Members about HIV and AIDS

Purpose: To encourage teens to talk with their family members about AIDS and other sexuality issues.

Materials: Activity Worksheet, "Interview About HIV and AIDS"

Time: 30 minutes in class

Procedure: 1,2,3!

Ask teens to conduct an interview on knowledge and attitudes about AIDS. While the activity is designed for use with an adult family member - a parent, aunt, uncle, grandparent, or sibling - it may be difficult for some teens to "interview" an adult family member. Please take into consideration the home situations of the teens in the group.

Review the interview form with the teens, making sure they understand the questions and how to ask/read them. Ask the group to fill out the AIDS interview form as they talk with their family member. Explain that successful completion of the interview is important, that they will not be judged or graded on their family member's answers. Suggest they share correct information with their family member after they complete the questionnaire.

At the next session, ask the group to share the responses they received, in addition to the Discussion Points below.

"Discussion" Points:

1. How did the group choose whom they were going to interview?
2. What feelings did they have doing the interview?
3. Were some questions more difficult to ask than others?
4. Did their family member have any misinformation about AIDS? How did it feel to correct it?
5. Did conducting this interview lead to a longer discussion?
6. Do teens feel they would be more comfortable talking about these types of subjects with family members in the future?

OPTIONAL
Activities:

1. Instead of a family member, have the teens interview another adult. This could be a favorite teacher, school administrator, or other adult leader.

2. As a follow-up to the activity, someone may wish to write a newspaper article for his or her school paper on how the teens felt participating in the activity, and how to talk to adults/parents about AIDS.

ACTIVITY WORKSHEET

Interview About HIV and AIDS

Teen: "We are studying about AIDS in school/our program. I have a homework assignment to interview an adult about AIDS. I would like to ask your opinion on some questions."

NAME ____________________ DATE ____________________

RELATIONSHIP TO TEEN ____________________

1. Have you heard of AIDS?

2. When and where did you first hear of AIDS?

3. What do the letters AIDS stand for?

4. How big a problem do you think AIDS is in our community?

5. How do you think people get HIV, the virus that causes AIDS?

6. Would you share a can of soda with a person with AIDS?

7. How do you think people protect themselves against the spread of HIV?

8. What is the difference between AIDS and being infected with HIV?

9. Do you worry about getting HIV, the virus that causes AIDS?

10. Do you ever worry about my getting the virus that causes AIDS?

11. Where would you get more information about AIDS?

12. What do you think is the most important thing I should know about AIDS?

ACTIVITY

Role Plays

Purpose: To provide teens with the opportunity to practice communicating about AIDS.

Materials: Leader Resource Sheets, "Role Play Situations"

Time: 90 minutes

Procedure: 1,2,3!

Explain that role playing is an educational technique that allows people to take on the role of another person. They practice feeling, talking and acting like someone else. Role playing helps the players to increase their empathy for others and it allows the audience to observe how people deal with each other in difficult situations.

Introduce these role plays by saying, "We've done role plays before. What were some of the scenes we pretended to play? (following some answers) Now we're going to do similar role plays that are about more than saying no to having intercourse, but will include other ways to avoid transmission of HIV."

Ask for volunteers from the group to play the roles in these scenarios. Give the role play situations to the volunteers. Tell the volunteers that the role plays must end with positive and realistic behavior for protection against HIV. Allow them 10-15 minutes to read over their situation, assume their "roles," and work out the role play. Visit with each group and discuss their ideas for the role play. Help them with the ideas if necessary.

Ask the first group to act out their situation for a few minutes, then discuss the appropriate questions with the entire group.

Repeat this procedure for all of the assigned role play situations. Discuss the following points as appropriate after each scenario. You may also conduct discussions by having all the boys answer the questions while the girls listen, and then have all the girls answer while the boys listen. This is a good way for each gender to hear the other's point of view.

"Discussion" Points:

(Between each role play)

1. How do the characters in this role play feel about themselves? As an audience, which characters are more likable?

2. Is there another way that the situation could have been handled?

3. Who is being affected by the decisions in the role play? Was everyone considered as the character made the decision?

(After all of the role plays are finished)

1. Which of the situations were the easiest? The most difficult?

2. How would it be to deal with these situations in real life?

3. What skills or information do you need to have to protect yourself from getting HIV? How could you practice those skills?

OPTIONAL Activities:

1. If a video camera is available, consider taping the role plays. Ask teens to comment on nonverbal as well as verbal messages.

2. More than one group can be assigned the same role play. Then after each one has been "performed," the discussion can focus on the dilemmas, options chosen and different outcomes.

Practice Role Plays

Note: Role plays on the decision to abstain from sexual intercourse are included in Life Planning Education's Sexuality chapter. If these have not been done, they should be included here. If they have been used, remind teens that they have already practiced resisting the pressure to have sexual intercourse. These role plays will be used to practice the skills which prevent the transmission of HIV in different situations.

A. Actors: One boy and one girl

Scene: Susan and Mark have been dating each other exclusively for six months. They have been having sexual intercourse for two months. They have always used a condom. They are at Mark's house and his parents are out. Mark has forgotten condoms but wants to have sex. They're sitting on the couch, watching a movie and....

Discussion questions:

1. What are the variables/issues to be considered in making the decision?

2. Whose responsibility is it to assure that there are condoms available?

3. Should Susan and Mark take a chance just this once? What could be good and bad from each person's point of view? What might the risks be?

4. When does a relationship become "a long term mutually monogamous" one? How can you tell if your partner is monogamous? How can someone know if their partner is seronegative?

B. Actors: Two boys

Scene: Carl and Sean are having a discussion after school. Sean is planning to have sex with his girlfriend, Tina, for the first time this weekend. She has gone on the pill. Carl is encouraging him to buy condoms, but Sean says he doesn't need to because Tina is using the pill.

Discussion Questions:

1. How do you think Sean is feeling? Tina? How does Carl view each of them?

2. Why should teens on the pill also use condoms?

3. Was Carl pressuring Sean to use condoms? Was this positive or negative pressure? Can peer pressure be good?

4. Do many boys think like Sean? How can they be encouraged to use condoms?

5. If Carl and Tina were brother and sister, how might it affect this scene?

C. Actors: Four teens

Mike - Gets good grades and is popular. He isn't sure what he'll do after high school.
Lee (boy or girl) - Shy, just moved to the neighborhood. Used to do drugs, promised self to stop with the move.
Chris (boy or girl) - Soccer and basketball team captain. Drinks on occasion.
Robin (boy or girl) - Plays some sports with Chris, but studies in hope of going to college. Hasn't tried drugs or alcohol and sometimes feels like the only one who hasn't.

Scene: The teens are in a kitchen at a party. There are no parents home. Mike takes out some crack and a pipe, asking, "Anyone got a light? Come on, don't be shy, this party is just starting."

Discussion Questions:

1. What might make each character say yes? Or say no?

2. How would this be different if it were heroin and a syringe? How would it be the same?

3. If you never knew Mike used drugs, how would having Mike offer it affect how you feel about him?

4. We all know that HIV isn't spread by smoking crack or sharing a pipe. How could smoking crack put one of these characters at risk for HIV?

D. Actors: Two girls

Scene: Anna (age 16) is dating an older guy named Steven (age 21) whom she doesn't know very well but likes a lot. They started having intercourse last week and didn't use a condom. Her friend, Julie (age 16) is afraid the man might be using IV drugs and is worried that Anna may be exposing herself to both pregnancy and AIDS. She says, "You've got to tell him to use a condom."

Discussion Questions:

1. How important is it for Anna to find out about her boyfriend's past and present - both sexually and with drugs?

2. Why might someone not tell the truth about what they've done in the past - both sexually and with drugs? Would loving someone change this?

3. What might make it difficult for Anna to discuss condom use with her boyfriend?

4. What should Anna do if her boyfriend says he doesn't like condoms?

5. How did you feel about what Julie was saying to Anna?

E. Actors: A boy and a girl

Scene: Anna decides to talk to Steven about using condoms. They are on their way back from a rock concert by Anna's most favorite group. Anna decides that now is the time to bring up the issue of condoms...

1. How did Anna feel bringing up the subject of condoms?

2. How did Mark feel about Anna's bringing up the subject?

3. How will this affect the future of their relationship?

4. Describe times or ways that might have made the discussion easier.

5. What are Anna's choices if Steven refuses to use condoms?

F. Actors: Two boys and a girl

Scene: Allen, Cindy and Brian are close friends. The prom is coming up, and Cindy and Brian are talking excitedly about their plans. Allen says he isn't going (he is gay and isn't interested in bringing a girl to the dance). His friends ask him why he isn't planning to go.

Discussion Questions:

1. Would it be difficult for Allen to tell his friends he is gay?

2. Are teens in general supportive of gay friends?

3. How can myths and fears about homosexuality be reduced?

G. **Actors:** One boy and one girl

Scene: Ben has recently learned he is seropositive for HIV. He goes to a party where he is attracted to Terry. The attraction is mutual, and Terry invites Ben to go outside to the car.

Discussion Questions:

1. What should Ben do?

2. What would it be like to tell someone you are seropositive for HIV?

3. What activities could Ben and Terry safely engage in?

4. What difference would it make if Terry was a boy instead of a girl?

ACTIVITY

Take Home Assignment

News on HIV and AIDS

Purpose: To help teens identify additional sources of information on AIDS and HIV.

Materials: Newspapers and news magazines, T.V. and radio schedules

Time: Ongoing -- 15 minutes per discussion of a story.

Procedure: 1,2,3:

During the course of the AIDS chapter activities, ask the group to watch for media coverage on AIDS. Develop a bulletin board of recent articles on AIDS. Discuss the "findings" of the day's article or news story at the beginning of each session or specified sessions. Use the discussion points below. Suggest teens call a local or national AIDS hotline if they need help understanding the article.

"Discussion" Points:

1. What is the new information in the story?
2. What new information does the story have about transmission or prevention?
3. Does the information change the basic key prevention messages?
4. Was there any misinformation in the story? How reliable is media coverage on AIDS?
5. Does the article use the correct terminology?

OPTIONAL Activities:

1. Assign the group to watch an upcoming television special on AIDS. Discuss together.
2. For an ongoing group, you may want to start each discussion with a question, "What news have you heard about AIDS?"
3. The group may wish to develop their own newsletter on learning about HIV and AIDS, or to help spread the information to other teens in the community.

ACTIVITY

Panel of People with AIDS

Purpose: To help teens develop compassion for people with AIDS, and to reduce fears of casual contact.

Materials: Question box

Time: Three 45 minutes sessions.

Planning Notes:

Personalizing AIDS will help the group deal with their fears and misconceptions. Teens need to understand that AIDS is a fatal disease with no known cure. People with AIDS (PWAs) have a role to play in the classroom and with all groups of young people. They can dramatically portray the reality of living with AIDS, and help break through teenagers' wall of invincibility. It is important that leaders help teens develop compassion, rather than fear, for people with AIDS.

Procedure:
1,2,3!

Invite a person with AIDS to come speak with your class/group. There are 240 AIDS service networks which can help you locate PWAs who want to speak to audiences. The National Association of People With AIDS (202-429-2856) can also help direct you.

Prior to the visit, review with the group the evidence showing that casual contact is not a source of transmission. Discuss and reassure the group about any fears or concerns they may feel before the visit.

We also encourage bringing attention to the anonymous question box for the pre-session to help address all concerns the teens may have. During this session, we also recommend putting together a list with the teens of topics you would like included in the presentation.

Allow ample time for this presentation and processing. We recommend one session prior to the visit and one session following. Ask the PWA to share "his or her story" with the group, and let him or her know what the teens are interested in through the topics they developed. Encourage the teens to ask any and all questions.

Follow-up session: Ask the group for their reactions to the visit. Discuss what they feel they learned. It would be nice to ask them to write a letter to the PWA telling them what they learned from the visit.

OPTIONAL Activities:

1. The AIDS Movie: This movie includes three vignettes with three PWAs. All of them have died since the filming. Allow ample time to process teens' feelings.

2. Parents and siblings of people with AIDS can also be powerful educators. There is a movie which is very good, but quite lengthy (50 minutes) titled "Too Little, Too Late." Medical professionals who care for people with AIDS can also offer personal responses to the epidemic.

3. Have the telephone number of the local AIDS service provider for teens who want to do volunteer work in this area.

ACTIVITY

Condom Hunt

Purpose: To provide young people with the opportunity to obtain a condom without pressure; to develop a list of accessible places where teens can obtain condoms; to help teens develop the skills to protect themselves.

Materials: If desired, "Condom Survey" worksheet for each teen

Time: 30 minutes

Planning Notes:

Decide whether you want teens to obtain condoms, or if you want to have the survey completed in writing.

Procedure: 1,2,3:

Ask the teens to go to a drug store, grocery store or convenience store and purchase a package of condoms. Stress that condoms should be latex and preferably treated with a spermicide containing nonoxynol-9. Tell them you will collect all condoms to use as instructional samples. (If possible, you can reimburse students for condoms.)

Many communities have health departments, community or free clinics which distribute condoms without charge. Having the location or phone number of local resources could help teens obtain condoms free of charge.

Be sure to tell the teens that there is no assumption that they are having sex or need condoms now. Rather this assignment may help young people in the future, might help a friend, and will provide insight into society's expectations of teens.

If you choose to ask the teens to complete the worksheet instead of obtaining condoms, distribute the worksheet to each teen, discuss what each question means, and ask them to return them completed on a specific day.

"Discussion" Points:

1. Ask each teen to tell his or her story of finding condoms. Where did they go? Where were the condoms located in the store? How did they feel about purchasing/looking for a condom?

2. Which stores displayed condoms so they were accessible? How much did the condoms cost?

3. What feelings did teens have in common about purchasing (looking for) a condom?

4. Compare the experiences of the boys and the girls. Were they different? Is it as "ok" for a girl to buy condoms?

5. If teens ever needed condoms, how would they feel about getting them the next time?

6. Did anyone discuss the assignment with a family member? What type of reactions did he or she have?

OPTIONAL Activities:

1. Although condom use was discussed in the sexuality chapter of Life Planning Education, review the correct use of the condom. Demonstrate with actual samples.

2. Show the film "Condom Sense." This lighthearted look at condoms is appropriate for older teens. Twenty-five minutes. Available from Perennial Education Films, Inc., 1-800-323-9084.

3. Have teens develop a survey of local drug stores on accessibility of condoms. Assist them in compiling and publicizing the results.

4. Teens can form teams and survey a number of stores on over-the-counter contraceptive availability with a prize or special privilege going to the team which finds the "best bargain" or "nicest store."

CONDOM SURVEY

Name of Store________________________________ ____Drugstore ____ Other

Address________________________________ Date Completed__________

Store Hours________________________________ Time Into Store__________

Name of Observer ________________________________

ACCESS

1. Are there any signs in the store to identify family planning items?
   ____ Yes (go to 1a.)
   ____ No (go to 2.)

   a. If **yes**, what does the sign say? ______________________________
   b. Time found:____________________
   c. Are all the family planning methods in one place? ____ Yes ____No

2. If there is not a sign, what method(s) did you find first:_______
   a. Time found:____________________
   b. Are all the family planning methods in one place? ____ Yes ____No

EMPLOYEE INTERACTION: "Can you please tell me where the condoms are?"

Employee: ____ Male ____ Female
Response to question: ____ Positive _____ Negative

LOCATION

3. Where are the **condoms** located: (CHECK ONLY ONE)

____ **behind** the Pharmacy counter
____ **by** the Pharmacy counter
____ **behind** the check-out counter
____ **by** the check-out counter
____ with feminine hygiene products
____ with men's personal hygiene products
____ family planning section
____ Other ________________________

4. Does the store have the following kinds of **condoms:**

Lubricated ____ Yes ____ No ____ Don't know
Non-lubricated ____ Yes ____ No ____ Don't know
With spermicide nonoxynol-9 ____ Yes ____ No ____ Don't know

What is the lowest price for one package of three lubricated condoms?

Price:______________________ Brand:______________________________

(SEE OVER)

5. **Where are the other family planning methods** located? (CHECK ALL THAT APPLY)

____ **behind** the Pharmacy counter
____ **by** the Pharmacy counter
____ **behind** the check-out counter
____ **by** the check-out counter
____ with feminine hygiene products
____ with men's personal hygiene products
____ family planning section
____ Other ______________________

6. Does the store have the following kinds of family planning methods?

Foam	____ Yes	____ No	____ Don't know
Jelly	____ Yes	____ No	____ Don't know
Cream	____ Yes	____ No	____ Don't know
Sponges	____ Yes	____ No	____ Don't know
Suppositories	____ Yes	____ No	____ Don't know

7. Do they have pamphlets or information on STDs and/or AIDS in the store? ____ Yes ____ No (IF YES, take a sample with you)

Time Out Of Store: ______________

NOTES:

LEADERS' BIBLIOGRAPHY OF RESOURCES

ON AIDS

Acquired Immune Deficiency Syndrome: An Annotated Bibliography of Print and Audiovisual Materials for Sale. New York, NY: SIECUS, 1986.

AIDS: A Self-Care Manual. Santa Monica, CA: IBS Press/AIDS Project Los Angeles, 1987.

AIDS: From the Beginning. Chicago, IL: American Medical Association, 1986.

"Coolfont Report," *Public Health Reports*, Vol 101, no. 4. Washington, DC: United States Public Health Service, July-August 1986.

Focus: A Review of AIDS Research. San Francisco, CA: University of California San Francisco AIDS Health Project monthly newsletter.

Mobilizing Against AIDS, Institute of Medicine, National Academy of Sciences. Cambridge, MA: Harvard University Press, 1986.

Surgeon General's Report on Acquired Immune Deficiency Syndrome. Washington, DC: United States Public Health Service, 1986.

ON AIDS AND ADOLESCENTS

DiClimenti, R.J., Zorn, J., Temoshok, L. "Adolescents and AIDS: A Survey of Knowledge, Attitudes, and Beliefs about AIDS in San Francisco," *American Journal of Public Health*, Vol. 76, no. 12: 1443-1445, December 1986.

English, Abigail. "Ethical/Legal Aspects of AIDS and STDS in Adolescents," *Youth Law News*, Vol. 8, no. 5: September/October 1987.

Strunin, L., Hingson, R. "Acquired Immunodeficiency Syndrome and Adolescents: Knowledge, Beliefs, Attitudes, and Behavior," *Pediatrics*, Vol. 79, no. 5: 825-828, May 1987.

ON EDUCATING ADOLESCENTS ABOUT AIDS

AIDS and Adolescents: Resources for Educators. Washington, DC: Center for Population Options, 1987, 1988.

AIDS Educator: A Catalog of AIDS Educational Materials. San Francisco, CA: San Francisco AIDS Foundation, 1987.

AIDS Information Exchange. Vol. 4, no. 1. Washington, D.C.: U.S. Conference of Mayors, January 1987.

Haffner, Debra. *AIDS and Adolescents: The Time For Prevention Is Now.* Washington, D.C.: Center For Population Options, November 1987.

Quackenbush, Marcia. "Educating Youth About AIDS," *Focus: A Review of AIDS Research*, Vol. 2, no. 3: February 1987.

Quackenbush, Marcia, and Sargent P. *Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome*, Santa Cruz, CA: Network Publications, 1986.

Sexuality Education Coalition News. Vol. 9, no. 1. Washington, DC: Sex Education Coalition, January 1987.

Sroka, S. and Calabrese, L. *Educator's Guide to AIDS and Other STDs*. Lakewood, OH: Health Education Consultants, 1987.

Yarber, W.L. *AIDS: What Young Adults Should Know*. Reston, VA: American Alliance for Health, Physical Education, Recreation, and Dance, 1987.

ADDITIONAL SOURCES OF INFORMATION

AIDS Hotline
(800) 342-AIDS
(800) 342-2437

AIDS Action Council
2033 M Street, NW
Washington, DC 20036
(202) 293-2886

American Foundation for AIDS Research
1515 Broadway Ave.
New York, NY 10036
(212) 719-0033

American Red Cross
National Headquarters
431 18th St., NW
Washington, DC 20006
(202) 737-8300

Center For Population Options
1012 14th Street, NW, Suite 1200
Washington, DC 20005
(202) 347-5700

ETR Associates
1700 Mission St.
Suite 203
P.O. Box 1830
Santa Cruz, CA 95061
(408) 438-4060

The Hetrick-Martin Institute, Inc. for Lesbian and Gay Youth
401 West Street
New York, NY 10014
(212) 633-8920

Planned Parenthood Federation of America
810 7th Avenue
New York, NY 10019
(212) 541-7800

National AIDS Network
2033 M Street, NW Suite 800
Washington, DC 20036
(202) 293-2437

National Coalition of Advocates for Students
100 Boylston St.
Boston, MA 02116
(617) 357-8507

National Family Planning and Reproductive Health Association
122 C St., N.W.
Suite 380
Washington, DC 20001-2109
(202) 563-7742

National Leadership Coalition on AIDS
1150 17th St., N.W.
Suite 202
Washington, DC 20036
(202) 429-0930

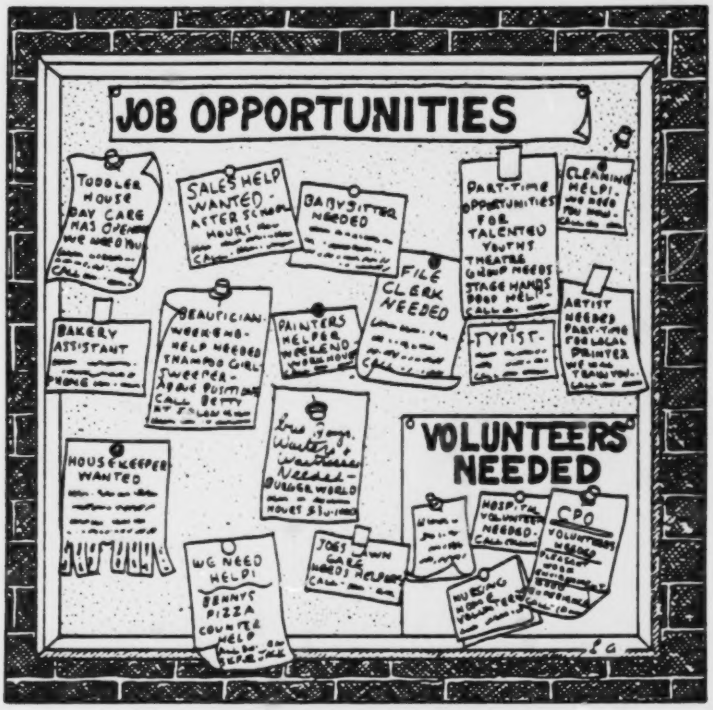
National Association of School Boards of Education
1680 Duke St.
Alexandria, VA 22314
(703) 838-6722

National Urban League
500 East 62 St.
New York, NY 10021
(212) 310-9000

Sex Information and Education Council of the U.S.
32 Washington Place
5th Floor
New York, NY 10003
(212) 673-3850

United States Conference of Mayors
1620 Eye St., N.W.
Washington, DC 20006
(202) 293-7330

CHAPTER 9


JOB OPPORTUNITIES
TODDLER HOUSE DAY CARE HAS OPENING WE NEED YOU
SALES HELP WANTED - AFTER SCHOOL HOURS
BABYSITTER NEEDED
PART-TIME OPPORTUNITIES FOR TALENTED YOUTHS THEATRE GROUP NEEDS STAGE HANDS GOOD HELP
CLEANING HELP!
FILE CLERK NEEDED
BAKERY ASSISTANT
BEAUTICIAN WEEKEND HELP NEEDED SHAMPOO GIRL SWEEPER
PAINTERS HELPER WEEKENDS
TYPIST
ARTIST NEEDED PART-TIME FOR LOCAL PRINTER
HOUSEKEEPER WANTED
Bus boys, Waiters & Waitresses Needed - BURGER WORLD
VOLUNTEERS NEEDED
WE NEED HELP! BENNY'S PIZZA COUNTER HELP
JOE'S LAWN CARE NEEDS HELPERS
HOSPITAL VOLUNTEERS NEEDED
CPO VOLUNTEERS NEEDED

EMPLOYMENT:
How Do I Get There?

CHAPTER OBJECTIVES

- *To learn what job options exist*
- *To learn what various vocations require (training and education)*
- *To learn where to look for jobs*
- *To learn basic job-seeking skills:*
  - *—how to prepare a resume*
  - *—how to interview*
  - *—how to fill out an application*
- *To learn the skills I need to keep a job*
- *To understand how parenthood can affect my job preparation and/or future employment*

EMPLOYMENT:
How Do I Get There?

One of the most difficult tasks a teenager can face is finding a job. Most teenagers lack the experience that would make them attractive to employers; at best, some teens have part-time or volunteer experience. Futhermore, few young people have the maturity and social skills so important in landing a job; these skills include assertiveness, using resources effectively, and good communication.

Teenagers are faced with a difficult economic picture. Historically, the teenage unemployment rate has been more than twice the overall rate. In January 1985, the unemployment rate for 16- to 19-year-olds was 19%. For Black teenagers, that rate was 43% compared to 16% for White teenagers. Despite the recent high rate of unemployment, teenagers can look foward to an expansion of the job market in many different areas. These areas include clerical positions, food service, transportation, computer technology, health, and mechanical repair. For most of these jobs, however, it is essential that teens have at least a high school diploma and, in some cases, some sort of vocational training as well.

The more education and training that teenagers receive, the more likely they are to get a better-paying job that has a chance for advancement. Yet, teenagers are dropping out of school at an alarming rate: on the average, one in five high school students will fail to graduate. In some areas the dropout rate is close to 50%. The unemployment rate among dropouts is two times that of those teens who complete high school; teenagers must be encouraged to stay in school at all costs. They need to understand the relationship between education and whatever goals they may set for themselves, vocational as well as others.

At the same time, young people need to understand the realities of parenthood and the effect that teenage parenthood can have on their vocational life. Young mothers receive lower hourly wages, earn less annually, and accumulate less work experience than teenagers without children. Teenage mothers are half as likely to complete high school as those who postpone parenthood until their 20's, and teenage fathers are 40% less likely to graduate. About 75% of women who give birth as teenagers will be dependent on some sort of government subsidy. For many teens, becoming a parent is perceived as a way to show their "independence" or "maturity." Most do not understand that the financial responsibilities involved in raising a child may cause them to become more dependent on their families or on welfare assistance.

In this chapter, as in others, our emphasis is on helping young people avoid early parenthood and secure satisfying employment. We provide activities that deal with the basics of job-seeking -- looking for job openings, interviewing, resume writing. We also want to help teenagers start to think about what interests they have and what kinds of jobs they might be satisfied with. Young people face a difficult task in having to find employment. With the skills they learn in this chapter and the rest of the curriculum, they will be better prepared for their job searches and more satisfied with their results.

Key Concepts In This Chapter

- Employability depends on an individual's education, work skills, and social competence.
- Working as a volunteer can be very valuable work experience.
- The timing of parenthood can have a major influence on an individual's future employment, earnings, and job satisfaction.

Teaching Tips

- Teens often lack a realistic understanding of the world of work--give them as much experience with employers and employment sites as possible.
- Don't let teens get discouraged if they seem to have a few work skills--remind them that everyone starts out at the beginning.
- Point out that if teens exhibit a willingness to learn, they will be more attractive to employers.

The Party

Purpose: To have teens identify what their interests are and what jobs correspond to those interests.

Materials: Copy of the activity worksheet, "The Party," for each participant; pencils or pens; masking tape; twelve sheets of newsprint; markers; wall space to hang newsprint around the room.

Time: 30-45 minutes.

Planning Notes:

Prepare the room before conducting this activity by hanging six large pieces of newsprint in six different locations. On each piece of newsprint write one of the six categories of "party-goers" found on the activity worksheet, "The Party," along with the description given (e.g., "Social: People who like to work with people -- to inform, teach, help, train, develop, or cure them, or are skilled with words").

Using the "Holland Wheel" Leader Resource Sheet as a guide, write on six pieces of newsprint examples of jobs that coincide with the six types of people at the party. List about 20 jobs in each category; try to select jobs that are appropriate for your geographic location, climate, and city size. You may want to add other jobs that aren't included in the wheel.

Procedure: 1,2,3!

Introduce the activity by telling the group that knowing their interests -- the things they like to do and the kinds of people they like to be with -- can help them think about what kinds of jobs they want. Tell them to imagine that the room is actually filled with different kinds of people at a party. Distribute a copy of the "Party" worksheet to each teen and explain that each piece of newsprint represents a "corner" of the room where people with similar interests are standing and talking to one another.

Instruct the teens to move quietly around the room, look at the descriptions of people in all six corners, choose a group of imaginary people that they would like most to meet and talk with, then stand in that corner until everyone has chosen where to stand. Ask for a volunteer from each group to read the description of the people in that corner of the "party"; have teens write the name of the group where they are standing in blank #1 of their worksheet.

Now tell the group to imagine that everyone has left the corner where they are standing, and they want to talk to some other people. The teens must choose a second group of people they want to meet and move to that corner. Have them write the name of the second group in blank #2 on their worksheet.

Finally, repeat the process a third time; when the activity is completed, teens will have made a first, second, and third choice of people they want to meet at the party.

Instruct the teens to remain where they are while you display the six lists of possible jobs beside each of the categories of imaginary party-goers. Allow teens about 10 minutes to look over the lists of jobs that correspond with their first, second, and third choices and think about which jobs they might be interested in learning more about.

"Discussion" Points:

1. Were you surprised at the number of different jobs listed in each category?

2. Are there some jobs that could fit in more than one category? Which ones? Why?

3. Are there other jobs that you would like to add to a category?

4. Reassure the group that most teens and many adults would not be able to give a definition of all the jobs listed in the Holland Wheel. Make a list of some of the jobs that people want to know about and ask the group: "How can we find out about these jobs?" List their answers (for example, the library, an employment office, or a vocational counselor) and consider inviting resource people to come speak to the group about various jobs.

OPTIONAL Activities:

1. Take a field trip to visit several job sites and learn more about the jobs.

2. Assign teens to interview people who work in certain jobs and then report to the group.

3. Work with other individuals or agencies to set up a "jobs fair" where employers come to talk with teens about different jobs.

ACTIVITY WORKSHEET

The Party

Realistic
People who have athletic or mechanical ability, prefer to work with machines, tools, plants, or animals, or prefer to be outdoors.

Investigative
People who like to pay close attention, observe, learn, investigate, analyze, evaluate, or solve problems.

Conventional
People who like to work with numbers, have clerical or numerical ability, carry things out in detail, follow instructions well.

Artistic
People who have artistic, innovative or creative abilities, and like to work in flexible situations, using their imagination or creativity.

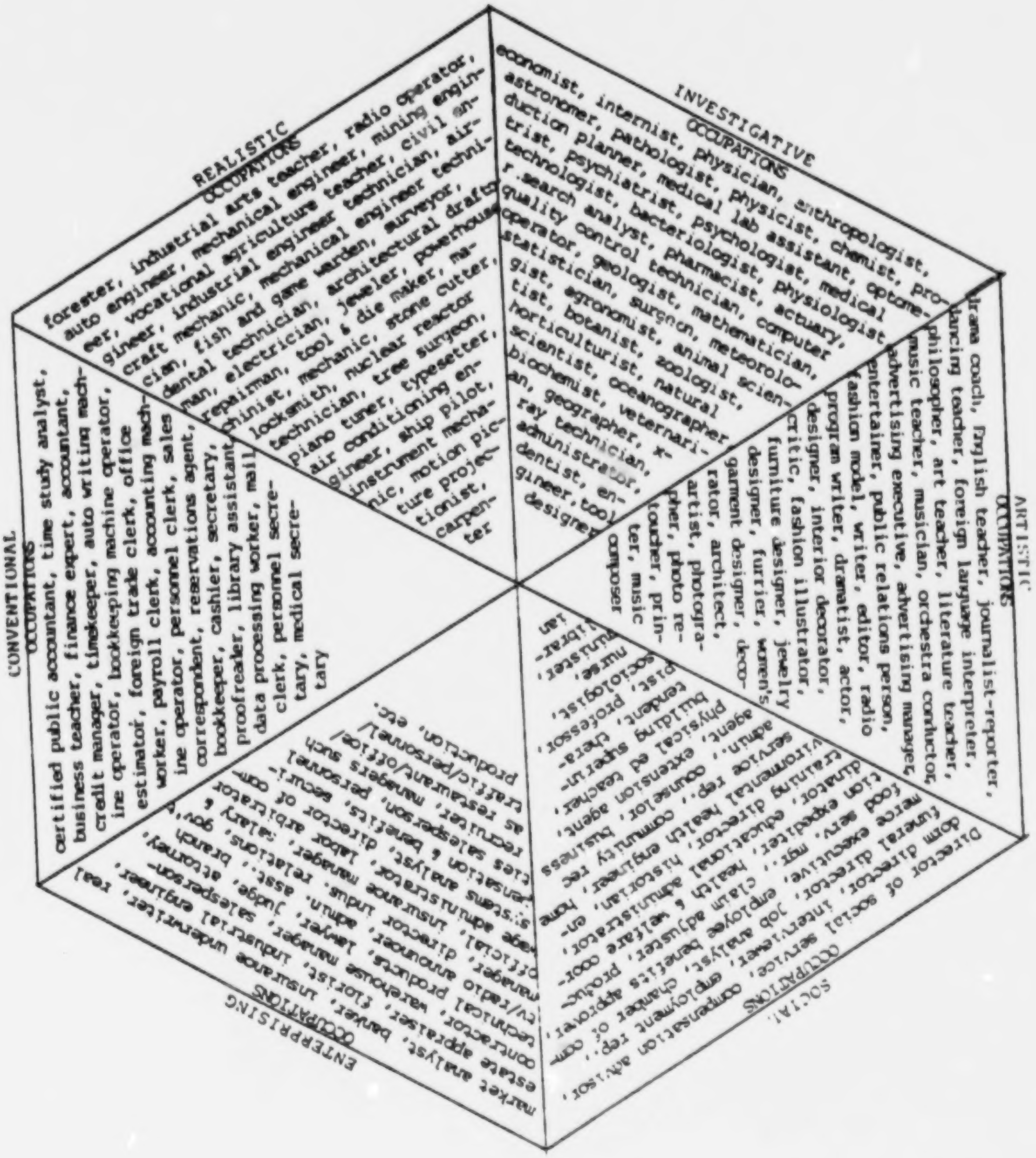
Enterprising
People who like to influence or persuade other people, perform or manage for organizational goals or for economic gain.

Social
People who like to work with people -- to inform, teach, help, train, develop, or cure them, or are skilled with words.

If I went to this party and had to talk to some people there:

- I would be most interested in talking to people in the ______________ corner. #1
- Second, I would be interested in talking to people in the ______________ corner. #2
- Third, I would be interested in talking to people in the ______________ corner. #3

Holland Wheel



REALISTIC OCCUPATIONS

forester, industrial arts teacher, radio operator, auto engineer, mechanical engineer, mining engineer, vocational agriculture teacher, civil engineer, industrial engineer technician, aircraft mechanic, mechanical engineer technician, fish and game warden, surveyor, dental technician, architectural draftsman, electrician, jeweler, powerhouse repairman, tool & die maker, machinist, mechanic, stone cutter, locksmith, nuclear reactor technician, tree surgeon, piano tuner, typesetter, air conditioning engineer, ship pilot, instrument mechanic, motion picture projectionist, carpenter

INVESTIGATIVE OCCUPATIONS

economist, internist, physician, anthropologist, astronomer, pathologist, physicist, chemist, production planner, medical lab assistant, optometrist, psychiatrist, psychologist, medical technologist, bacteriologist, physiologist r.search analyst, pharmacist, actuary, quality control technician, computer operator, geologist, mathematician, statistician, surgeon, meteorologist, agronomist, animal scientist, botanist, zoologist, horticulturist, natural scientist, oceanographer biochemist, veterinarian, geographer, x-ray technician, administrator, dentist, engineer, tool designer

ARTISTIC OCCUPATIONS

drama coach, English teacher, journalist-reporter, dancing teacher, foreign language interpreter, philosopher, art teacher, literature teacher, music teacher, musician, orchestra conductor, advertising executive, advertising manager, entertainer, public relations person, fashion model, writer, editor, radio program writer, dramatist, actor, designer, interior decorator, critic, fashion illustrator, furniture designer, jewelry designer, furrier, women's garment designer, decorator, architect, artist, photographer, photo retoucher, printer, music composer

SOCIAL OCCUPATIONS

Director of social service, compensation advisor, dorm director, interviewer, employment rep., funeral director, job analyst, chamber of commerce executive, employee benefits approver, food serv. mgr., claim adjuster, production expediter, health & welfare coordinator, educational administrator, training director, historian, environmental health engineer, home service rep., community rec admin., counselor, business agent, extension agent, physical ed teacher, building superintendent, therapist, professor, sociologist, nurse, minister, librarian

ENTERPRISING OCCUPATIONS

market analyst, banker, insurance underwriter, real estate appraiser, florist, industrial engineer, contractor, warehouse manager, salesperson-technical products, lawyer, judge, attorney, tv/radio announcer, admin. asst., branch manager, director indus. relations, gov't official, insurance manager, salary & wage administrator, labor arbitrator systems analyst, director of compensation & benefits, securities salesperson, personnel recruiter, managers such as restaurant/office/traffic/personnel/production, etc.

CONVENTIONAL OCCUPATIONS

certified public accountant, time study analyst, business teacher, finance expert, accountant, credit manager, timekeeper, auto writing machine operator, bookkeeping machine operator, estimator, foreign trade clerk, office worker, payroll clerk, accounting machine operator, personnel clerk, sales correspondent, reservations agent, bookkeeper, cashier, secretary, proofreader, library assistant, data processing worker, mail clerk, personnel secretary, medical secretary

BEST COPY AVAILABLE

ACTIVITY

Job Search

Purpose: To help teens identify places and resources where people can find out about jobs.

Materials: Blackboard or newsprint.

Time: 15 minutes in groups; several days to complete small group tasks; 30 minutes for whole group to discuss activity.

Planning Notes:

Before you begin this activity, investigate what job search resources exist in your community so you can supplement those that teens are aware of.

Procedure: 1,2,3:

Begin the activity by telling the group that one of the hardest parts of searching for a job is knowing where to start looking. Ask the teens to brainstorm as many places as possible where they could find out about job openings, organizations that might be looking for new employees, or organizations they might like to work for. List these places on a chalkboard or a large piece of newsprint and then ask the whole group to come up with possible advantages or disadvantages of each place.

Several examples are given below to help you guide the group as they brainstorm.

Place to Find	Advantages	Disadvantages
Newspaper ads	Inexpensive; numerous ads	Many others going for the same jobs; many jobs filled before you apply
Yellow pages	Can be done at home; no expense	Time-consuming; information is limited
Community bulletin boards	No expense; often have jobs for teenagers	Sometimes out of date; mostly temporary or part-time positions
Public library	Has information on types of jobs and careers	Little, if any, information on specific job opportunities in area

Private employment agency	Personal counseling; wide selection of job listings	You may have to pay a fee
Personnel office of large business or organization	No expense; large businesses often have openings	Can be impersonal; many other people applying
School counselor	No expense; frequently has contacts in the community	Can only help school students

After the group has identified several places to begin a job search, break teens into pairs or small groups whose responsibility it is to explore the suggested "Places to Find Out About Jobs" and report back to the group. Suggest that they can obtain classified ads, visit the library, talk to friends or family members who have recently become employed, etc. Their task is to find out the following:

- What services are offered?
- What does it cost?
- How do people feel about using this resource?
- How many teens find jobs through this resource?
- Did this job resource lead to any other resources?

Arrange a time when the group will get back together to discuss what they were able to find out about job search resources.

“Discussion” Points:

1. Are there friends or family members who can help find out about jobs? Explain the concept of "networking" to the group.
2. Are there certain job search resources that are more appropriate for teens? Less appropriate? Why?

ACTIVITY

Practice Resume-Writing

Purpose: To learn what a resume is and how to write one.

Materials: "My Practice Resume" and "Resume" worksheet for each participant; pencils or pens; newsprint or blackboard.

Time: 40-50 minutes.

Procedure: 1,2,3!

Define "resume" for the group. Make a list on newsprint or chalkboard as you tell teens that a resume is a written record of information about a job applicant, including his or her name, address, education, job experience, honors or awards, and hobbies, interests, or special accomplishments. Explain that a resume is usually sent or given to an employer for whom you would like to work; its purpose is to tell the employer enough about you so the employer will agree to interview you. Point out that it is an important tool one should have before beginning a job search.

Display several examples of different resumes on a bulletin board or table and ask teens to look over them. Before distributing the "My Practice Resume" worksheet to the group, ask them to comment on the sample resumes you have displayed and point out the following significant characteristics:

- Neatness;
- Correct language, spelling, and punctuation;
- Attractive, eye-catching layout;
- Prominent placement of name and address;
- Clear categories of information; and
- One or two pages in length.

Distribute the two worksheets to each participant and allow about 30 minutes for teens to complete the "practice" copy with your assistance. Suggest that they complete the second copy for actual use, with no erasures or smudges. Tell the group that they will need their resume to complete a subsequent activity on employment applications.

“Discussion” Points:

1. How does it feel to have your own resume?
2. Will the way a resume looks make a difference to an employer?
3. When does a person change his or her resume? Why?
4. Where can you get copies of your resume made? A folder to carry it in?

ACTIVITY WORKSHEET

My Practice Resume

Complete the worksheet below as a practice exercise in writing a resume.

PERSONAL INFORMATION

Name ______________________________

Parents ______________________________

Birthplace ______________ Birth Date ______________

EDUCATION:

School	City	Date of Graduation	Grade Point Average

AWARDS AND HONORS: Such as class officer, student monitor -- chosen by faculty, honor roll.

____

____

____

JOB-RELATED EXPERIENCE: Give date, company, and position or activity and role; start with current or most recent position.

Date	Company/Activity	Position/Role

VOLUNTEER SERVICE: Things you have done for other people or for your community, such as taking care of pets or houseplants, collecting donations, volunteering at a hospital or nursing home.

ACTIVITIES AND HOBBIES: Such as sewing, mechanics, athletics, band, church youth group.

REFERENCES: People who know you and who would be willing to provide information about you to an employer. These could be teachers, current or past employers, minister or rabbi, etc., but not family members.

Name	Address	Telephone Number

ACTIVITY WORKSHEET

Resume

PERSONAL INFORMATION

Name ____

Parents ____

Birthplace ____________________ Birth Date ____________________

EDUCATION:

School	City	Date of Graduation	Grade Point Average

AWARDS AND HONORS:

____

____

____

JOB-RELATED EXPERIENCE:

Date	Company/Activity	Position/Role

VOLUNTEER SERVICE:

____

____

____

____

ACTIVITIES AND HOBBIES:

____

____

____

____

REFERENCES:

Name **Address** **Telephone Number**

____

____

____

____

Help Wanted Ads: How Can I Read Them?

Purpose: To help teens learn how to read the abbreviations used in help wanted ads.

Materials: Multiple copies of a recent edition of your local newspaper's "Classified Ads"; one copy of an entire newspaper section (one for each participant); newsprint or blackboard.

Time: 30-50 minutes.

Procedure: 1,2,3!

Explain to the teens that many people who are looking for employment regularly look for jobs in the "Classified" or "Help Wanted" section of their local newspaper.

Distribute a copy of recent "Help Wanted" ads to each teen. Using the complete newspaper, show the group how to find the "Classified Ads" and then to find the "Help Wanted" listings. Ask for a volunteer to read an ad out loud to the group. If there is an abbreviation in the ad, write it on newsprint and ask the group if anyone knows what it stands for. Ask for several other teens to read ads with abbreviations and make a list on the newsprint. Below are several abbreviations and special words you may find in classified ads that you can add to the list developed by the group.

F/T or P/T	Full-time or part-time	exp nec	Experience necessary
eeo	Equal employment opportunity: a policy that does not discriminate against anyone	wpm	How many words you can type in one minute
9M or 9K	Salary that is $9,000 per year	HS coll grad	High school graduate College graduate
deg	Degree required	sal open	Salary has not been set and employer can be flexible
bkgd	Background	s.	Single

aff actn	Affirmative action employer: one who seeks and encourages qualified women and minorities to apply	b.d.	Birth date
m/f	male or female	self-starter	A person with initiative, or one who can work without constant direction
mgmt	management	trnee	Trainee, on-the-job training is given

"Discussion" Points:

1. What jobs do the teens find interesting?
2. What kind of education or experience is required for those jobs?
3. What is the salary for those jobs?
4. What other things can you learn from reading the "Help Wanted" ads?

Application For Employment

Purpose: To give teens an opportunity to practice completing an application for employment.

Materials: Worksheet, "Application for Employment"; pens; newsprint or chalkboard; resumes from "My Practice Resume" activity; several examples of application forms from local businesses (e.g., fast food restaurant, car wash, grocery store) displayed in the room.

Time: 40-50 minutes.

Planning Notes:

Be sure to ask teens to bring their practice resumes to the session in which you plan to conduct this activity.

Procedure: 1,2,3!

Distribute the worksheet and ask teens to complete the "Application for Employment," in ink, using their own practice resumes as guides. Allow about 15 minutes. When everyone in the group has finished, divide them into pairs. Ask the members of each pair to exchange application forms and "critique" each other's, keeping the following questions in mind (write these questions on the newsprint or chalkboard):

- Is it neat? Are there any ink smudges?
- Is it legible? Can it be read easily?
- Is it complete or are there blank spaces?
- If there are places that do not apply, did the applicant write "NA" or "not applicable"?

Allow 15 minutes for pairs to work and then bring the group together again. Answer any questions teens may have about application forms and discuss the points below.

"Discussion" Points:

1. Is it helpful to have a resume before you complete an application form?
2. Which parts of the application form are the most difficult to complete?
3. Referring to the sample application forms, what are the similarities and differences?

APPLICATION FOR EMPLOYMENT
(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION DATE______________

SOCIAL SECURITY NUMBER______________

NAME______________________________
LAST FIRST MIDDLE

PRESENT ADDRESS______________________________
STREET CITY STATE ZIP

PERMANENT ADDRESS______________________________
STREET CITY STATE ZIP

PHONE NUMBER______________ ARE YOU 18 YEARS OR OLDER?* YES NO

EMPLOYMENT DESIRED

POSITION______________ DATE YOU CAN START__________ SALARY DESIRED_____

ARE YOU EMPLOYED NOW? __________ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?__________

EVER APPLIED TO THIS COMPANY BEFORE? ________WHERE?__________WHEN?________

EDUCATION

	NAME AND LOCATION OF SCHOOL	NO. OF YEARS	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

FORMER EMPLOYERS(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIR

DATE MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

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*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK______________________________

U.S. MILITARY OR NAVAL SERVICE___________________RANK_________

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES___

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? YES ___ NO___

IF YES, WHAT CAN BE DONE TO ACCOMODATE YOUR LIMITATION?_________________

PLEASE DESCRIBE:____

IN CASE OF EMERGENCY NOTIFY ____

NAME ADDRESS PHONE NO.

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

☐ Height_____feet_____inches ☐ Are you a U.S. citizen? Yes___ No ___

☐ Weight _____lbs. ☐ Date of Birth*______________

☐ What Foreign Languages do you speak fluently?______Read______Write______

☐ Have you been convicted of a felony or misdemeanor within the last 5 years?# Yes___ No___ Describe:____

☐ I understand and agree that I may be required to take one or more: ___ physical examination: ___ lie detector test(s), as a condition of hiring or continued employment. I agree to consent to take such test(s) at such time as designated by the Company and to release the Company, its directors, officers, agents or employees from any claim arising in connection with the use of such test(s). Yes ___ No ___

☐ I have been advised that lie detector tests, as a condition of hiring or continued employment, are prohibited by law. Yes ___ No ___

#You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied.

U.S. LAW REQUIRES THAT, IF HIRED, YOU MUST FURNISH YOUR SOCIAL SECURITY CARD** AND ONE OF THE FOLLOWING DOCUMENTS WITHIN 72 HOURS OF STARTING WORK:

1) A CARD ISSUED BY FEDERAL, STATE OR LOCAL GOVERNMENT SHOWING YOUR IDENTITY; 2) DRIVER'S LICENSE, OR STATE-ISSUED I.D. CARD WITH PHOTO; 3) SCHOOL I.D. CARD WITH PHOTO; 4) CURRENT INS FORMS WITH EMPLOYMENT AUTHORIZATION STAMP; 5) U.S. PASSPORT; 6) VOTER'S REGISTRATION CARD; 7) U.S. MILITARY CARD OR OTHER DRAFT CARD

** IF YOU DO NOT HAVE A SOCIAL SECURITY CARD, YOU MAY PRESENT AN ORIGINAL OR COPY OF A U.S. BIRTH CERTIFICATE, OR DEPT. OF STATE FORMS FS-545 OR DS-1350 OR INS FORMS I-327, I-571-I-197, I-179.

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE."

DATE_________________ SIGNATURE_______________________________________

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY ___________________________________ DATE_______________

____

ACTIVITY

Interview Guidelines

Purpose: To acquaint teens with the "do's" and "don'ts" of interviewing for a job; to give teens an opportunity to practice interviewing.

Materials: Activity worksheet, "Interview Guidelines" for each participant; newsprint or chalkboard; guest speaker (employer from a local business that employs young people).

Time: 40-60 minutes.

Planning Notes:

Prepare the guest speaker to talk with the group about what his or her business looks for in a job interview. Tell the speaker that you would like to stage a role play interview at the end of the session and be certain the speaker is willing to participate. Also share a copy of the "Interview Guidelines" worksheet with the speaker so he or she can highlight certain points and add others if appropriate.

Procedure:
1,2,3!

Explain to the teens in your group that interviewing for a job is more than a conversation, it is an opportunity to meet the person who does the hiring and convince him or her that you are the right person for the job. Point out that they will not have a lot of time to do this, so they must be prepared. Suggest that they practice before every interview what they will say and do.

Begin the activity by asking the group to brainstorm "things you can do in an interview to impress the employer"; write down all their suggestions on one piece of newsprint you have labeled "Will Impress." You may need to give one or two examples to get the group started. Now have the group brainstorm a second list of "things you can do in an interview that will not impress the employer." Write these suggestions on a second sheet of newsprint entitled "Will Not Impress." Use the "Interview Guidelines" worksheet as a check to see if all important points have been covered and then distribute the worksheet to the group to keep as a reminder of things they should do or not do in an interview.

Next, divide the group into pairs to role play a job interview--one member of the pair should play the role of the interviewer and the other, the job applicant. Instruct the "interviewers" to ask questions on the "Guidelines"; instruct the "job applicants" to pretend they really want the job and role play their best behavior. Allow 10-15 minutes for the role play, then have members of each pair reverse roles and role play a second job interview for another 10-15 minutes.

When the role plays are completed, bring the group back together to discuss the "interviewing" experience, then introduce the guest speaker. When the speaker has concluded his or her remarks, ask for a volunteer to role play an interview with a real employer. As the role play proceeds, note any comments or points you want to make and note especially any "tips" the employer may have for prospective interviewers. At the end of the session have teens write any additional tips on their "Guidelines" for future reference. Thank the speaker and close the session by discussing the following points.

“Discussion” Points:

1. Why is it important to do your best in an interview even if you don't think you'll get the job?

2. If an interview goes badly (i.e., you are nervous or unable to answer questions clearly), what could you do or say at the end to leave the employer with a better impression?

3. If you are going to be late for an interview, what should you do?

4. Develop an interview check list of things to remember to do and/or take with you to a job interview.

Interview Guidelines

- Be 5-10 minutes early; DON'T be late.
- Dress as you would for a "special occasion": clean clothes, shoes and body. Don't chew gum, smoke, wear sunglasses, or do anything else that may be inappropriate.
- When you meet the interviewer, shake hands firmly, smile, look at his or her eyes--be friendly but not familiar. Don't use his or her first name.
- Don't do anything distracting like drumming your fingernails, cracking your knuckles, or scratching your head. Remain alert, listen carefully to what the interviewer says, and be positive and confident.
- Be sure to tell the interviewer why you want the job, what you can do in the job, and the experience you have had which makes you the right person for the job.
- Be sure to have ready to give the interviewer a resume or similar listing of your experience; the names, addresses and phone numbers of three people who know you well enough to talk about you with a prospective employer (these can be teachers, past employers, or other adults, not family members); and your social security number. Have a pen in case your interviewer asks you to complete an application form.
- Give full answers to the interviewer's questions but don't drag on forever. Don't interrupt the interviewer when he or she is talking. Don't use profanity, slang, or street language; make sure the interviewer knows what you are saying.
- Ask questions to show you are interested in the position. Ask what responsibilities and duties come with the job and what potential there might be for growth and advancement. When it is time to leave, restate your interest and enthusiasm for the job. Repeat what you did at the beginning: shake the interviewer's hand, smile, and look at his or her eyes, and say: "Thank you for your time."
- Don't expect to be offered a job at the end of the interview and don't ask, "Can I have the job?" Say: "I'm very interested in this job and I hope you will consider me as a candidate."
- When you get home, write the interviewer a thank-you note.

Here is a list of questions interviewers often ask. Practice answering each question before you go to the interview.

1. Tell me why you applied for this job.

2. Tell me something about your previous work experience.

3. What do you know about this companv?

4. How would you describe yourself?

5. How well do your work under pressure?

6. What skills or talents do you have to offer this company?

7. What do you think you will be doing in five years?

8. What do vou think your weaknesses are?

ACTIVITY

Panel Of Working Parents

Purpose: To make teens aware of the impact parenthood has on employment.

Materials: Three or four parents whose employment plans and/or experiences have been influenced by parenthood (e.g., a working parent of a baby; a single, working parent; a young woman who had her child in her teens and never finished high school; a young man who had a child in his teens and gave up his career plans).

Time: 30-45 minutes.

Planning Notes:

Prepare the panelists before the session by explaining the purpose of the Life Planning program and of this specific activity. Ask them to share with the group their experiences with day care, child illnesses, after-school care, job-related travel, educational attainment, and other aspects of combining parenthood with employment. Caution panelists not to be entirely negative but to paint a realistic picture of the complications parenthood adds to employment.

Procedure: 1,2,3:

Introduce the panelists to the group and explain that they have been invited to share their experiences as working parents with the group. Allow each panelist about 10 minutes to talk and then ask the group if they have any questions. Discuss the following points while panelists are still available to talk with the group.

"Discussion" Points:

1. Is it easy or difficult to combine parenting and working? Why?
2. What things make it easier? More difficult?
3. Which jobs are easier to combine with parenthood? Which are more difficult?

CHAPTER 10

BURGER WORLD
ALL YOURS
TRY
OUR
TOAS

GOOD COMMUNICATION: *How Can I Communicate Well With Others?*

CHAPTER OBJECTIVES

- *To learn what good communication is and how good or bad communication can make us feel*
- *To understand how important good communication is in all our relationships—with family, friends, and the people we work with*
- *To practice good communication skills*
- *To identify what stands in the way of good communication*

INTRODUCTION

GOOD COMMUNICATION:
How Can I Communicate Well With Others?

We often hear that good communication can be essential to healthy, happy relationships between family members, friends, or dating partners. But what is "good communication" and how can we develop it?

Good communication involves several components. One of them, communicating our feelings, means expressing our feelings about something or someone, which can be difficult. Sometimes, we are afraid our feelings will be rejected or laughed at, so we hide them. One of the best ways to overcome this tendency is to use statements that begin with the pronoun "I" whenever we talk about feelings. In this chapter, teens will be able to learn and practice this skill.

A second and related component of good communication is accepting feelings, respecting the right of a person to express emotion in an appropriate way. For example, if anger is expressed by saying "I am very angry about what you did," we can accept that feeling because it has been communicated honestly. Sometimes, however, a speaker will communicate feelings less directly, by using a scowl or another non-verbal way of expressing anger, for example, or by changing the subject or refusing to talk at all. A good listener can still respond to the speaker's feelings with acceptance, saying "You seem to be very angry" and by acknowledging this anger, the listener may help the speaker communicate more openly.

Being able to communicate clearly so that we can be understood is also important. This is especially true in situations involving information: giving directions, accomplishing a task, or learning a new skill. Communicating clearly may be less difficult to learn because it is generally used in unemotional circumstances.

Being assertive--standing up for what we believe or want--is an important component of good communication, especially for young people. We can be assertive and do what we really want without hurting another person; generally that involves saying what we want or feel and why, and then clearly stating the decision or action we have chosen. Sometimes being "assertive" is confused with being "aggressive." Aggressive communication often involves putting other people down, blaming or criticizing, or using abusive language (e.g., name-calling or swearing), and it generally cuts off communication rather than keeping it open.

Communication is a complex area of learning and one that many of us have difficulty mastering. Teens learn their communication styles and habits from their families and from other important adults. Be aware that the communication styles introduced in this chapter may be new and different from those used by the adults that young people admire and imitate. However, we can encourage them to learn new ways of communicating, and we can provide opportunities for practicing these new skills. We can help them understand how essential good communication can be in our most important

relationships--with a parent, an employee, a dating or marriage partner. But we can also acknowledge that good communication is a two-way street, and sometimes one person fails while the other tries very hard.

Good communication skills may be difficult to learn, and there is room for error. Teens will not master good communication overnight, and we don't want them to experience failure as they try to grow.

Key Concepts In This Chapter

- Using good communication skills will enable an individual to feel better about himself or herself, and to get along better with others.
- Good communication skills are equally important in personal and work relationships.
- Good communication skills include: listening, using "I-statements" to express your feelings, being aware of messages you are communicating non-verbally, and responding to others without putting them down.

Teaching Tips

- Remember that learning communication skills is new to most teens -- be patient and give them a lot of encouragement.
- Be aware of the fact that young men in our culture are often socialized to diguise or hide their true feelings rather than to express them; they may need more help with activities that focus on expression of one's emmotions.
- At the same time, be aware that young women are often socialized to be submissive, not assertive, and may need more help in the area of assertiveness.

ACTIVITY

How To Make A Peanut Butter And Jelly Sandwich

Purpose: To introduce the concept of communication and to help teens understand the importance of communicating clearly.

Materials: Bread; peanut butter; jelly; table; knife; paper; pencils.

Time: 45 - 60 minutes.

Procedure:
1,2,3!

Introduce this activity by telling the group that part of good communication is being able to communicate clearly so that you can be understood. This is particularly important in situations involving information: giving directions, accomplishing a task, or learning a new skill. However, since communication is such a routine part of our daily living, we often take it for granted. We find it hard to communicate in ways that are easy for people to understand. This exercise takes a commonplace, simple activity and demonstrates just how hard it can be to communicate clearly. Here are the steps for this activity:

1. Ask each person to take a piece of paper and write their own directions on "how to make a peanut butter and jelly sandwich." Put the folded directions in a pile.

2. Ask for two volunteers.

3. Have one volunteer choose a set of written directions.

4. Read the following to the second volunteer:

   "Imagine that you have never before in your life made a peanut butter and jelly sandwich. You must follow the written directions to make the sandwich. You can only do what the directions say to do. For example, if the directions say, "spread the peanut butter on the bread," and they forget the part about picking up the knife, then what do you do? Can you get the jelly out of the jar if the directions don't include "open and remove the lid of the jar"?

5. If your volunteer finds that the first set of directions is unclear, have him or her choose a new set of directions. Have another person from the group read and have someone else try to follow the directions.

6. Keep the action going until you read as many directions as time allows, searching for directions that clearly communicate how to make a peanut butter and jelly sandwich.

7. If no clear set of directions was written, have the group practice communicating clearly by writing directions which everyone agrees are clear and concise.

“Discussion” Points:

1. Obviously, most people already have an idea of how to make a sandwich and do not need exact, step-by-step instructions to do so. But what about someone who is doing something completely unfamiliar and complex (like flying a plane, or operating a computer)? Could you assume that they had any knowledge about it already? How would you want to explain their task to them?

2. What can happen if we fail to communicate clearly what we want?

3. How is clear communication important in a family? On a job? With a dating partner?

ACTIVITY

Choose Your Words Carefully For Positive Communication

Purpose: To teach teens how expressing one's thoughts and feelings through the use of "I-statements" leads to good communication.

Materials: Copy of "Choose Your Words Carefully for Positive Communication" Activity Worksheet for each participant; pencils.

Time: 40-60 minutes.

Procedure: 1,2,3!

Explain to teens that communicating our true feelings can be difficult when sensitive emotions such as fear, anger, jealousy are involved. One of the best ways to clearly communicate what we feel is to use statements that begin with the pronoun "I." For example, instead of saying in an accusatory tone, "Why do you always have to be so late for everything," a person could say, "I don't like having to wait for you so often," which accurately expresses a feeling without putting someone down. This is known as "positive communication," when a person is able to express his or her thoughts honestly and clearly, in a way that isn't threatening or offensive to others.

After this brief introduction, distribute the Activity Worksheet, "Choosing Your Words Carefully for Positive Communication," to the group. Explain to the teens that by beginning a sentence with "I" as in "I wish," "I need" or "I would like," you avoid the possibility of blaming or hurting someone, and you're better able to express your feelings directly. Make sure they fully understand what "I-statements" are. Then instruct the group to compose "I-statements" in place of the sentences on the Activity Worksheet.

To help the group better understand what positive communication is, do the first two or three out loud or as a group to make sure the exercise is clear to everyone. (You may wish to do the entire exercise as a group, writing the alternative statements on the board or newsprint. If your group is large enough you could break it down into smaller groups and have them compose "I-statements" together. This might be easier than having them work on this exercise individually since the notion of positive communication will be new to most of them.)

Allow approximately 15-20 minutes for the completion of the Activity Worksheets; then go over the "I-statements" as a group.

"Discussion" Points:

1. How are the "I-statements" different from the original sentences?

2. How would the two different kinds of statements make the listener feel?

3. Can you think of a time when using "I-statements" would have improved communication for you in a recent situation?

ACTIVITY WORKSHEET

Choose Your Words Carefully For Positive Communication

Example

1. You never call.

1. I wish you'd call me more often.

2. You're always late.

2. ______

3. That's a stupid idea!

3. ______

4. Nobody in this place cares about my work.

4. ______

5. You always ignore me when we go out.

5. ______

6. Don't yell at me!

6. ______

7. You shouldn't do that.

7. ______

8. It's not really important, but I wanted to talk to you.

8. ______

9. You probably won't have the time, but I need help with my homework.

9. ______

10. I just know you are going to go back with your old girlfriend.

10.

ACTIVITY

Non-Verbal Communication

Purpose: To teach teens what non-verbal communication is and how we use it.

Materials: Index cards or slips of paper; hat or container to hold cards.

Time: 40-50 minutes.

Procedure: 1,2,3!

Introduce this activity by telling the group that much of our communication is non-verbal, or without words (e.g. hand gestures, facial expressions, posture). We often communicate our feelings indirectly, for example, by using a scowl or another nonverbal way of expressing anger. This exercise is designed to show the group how much we communicate by action and expression.

Conduct this activity like "Charades"; take several index cards or slips of paper and put one of the following words on each piece:

Angry
Shy
Disappointed
Afraid
Rejected
Attractive
Exhausted
Eager

Fold the pieces of paper and place in a container. Ask for a volunteer to draw one of the slips and, without speaking, communicate the feeling or emotion on the card to the rest of the group. Members of the group can call out their interpretation until someone has guessed the correct answer.

"Discussion" Points:

1. What are other gestures or expressions that we commonly use?
2. Why do you think people use non-verbal communication instead of expressing themselves verbally?

ACTIVITY

Are You Listening?

Purpose: To demonstrate to teens the importance of being a "good listener."

Materials: Index cards/slips of paper (14); hat or container.

Time: 40-60 minutes.

Planning Notes:

Thirteen possible responses that a listener might make to a speaker are listed below. Print each of these on index cards or slips of paper and fold them so they can be drawn from a hat or a container of some kind. You may want to add some other responses of your own.

Responses

Give advice you weren't asked for.
Interrupt and prevent the speaker from finishing his or her sentence.
Try to top the speaker's story with a better one.
Ask questions to clarify what the speaker is saying.
Put the speaker down.
Compliment the speaker.
Change the subject.
Understand how the speaker feels.
Refuse to answer.
Laugh when the speaker is being serious.
Talk to someone else while the speaker is talking.
Gaze around the room while the speaker is talking.
Be shocked or offended by what the speaker says.

Procedure:
1,2,3!

Begin this activity by telling the group that communication is a two-way street. A speaker must try to be as clear as possible with the message he/she is sending, and a listener must show that he/she is paying attention and will respond in an appropriate and sensitive manner.

Everyone has experienced how it feels to be talking to someone who doesn't seem to pay any attention. Explain that this activity will help them to recall those experiences and remember how they felt during a conversation with a poor listener.

Ask for a volunteer to be a "speaker;" every other teen in the group can play the role of a "listener." Instruct the speaker to tell a story, either the one provided below or one that he/she makes up. Then, have each "listener" draw one of the possible responses. One at a time have each listener listen to the speaker's story and respond in the way indicated on the response card. After each listener responds, ask the speaker to tell the group how the response made him or her feel. To help the teens understand how best to conduct this activity, go over the following story and possible response with them.

Speaker: "My boyfriend (or girlfriend) says we have to stop going out so much. He (she) needs to study more. He's (she's) got this basketball scholarship he (she) might get if he (she) keeps his (her) grades up this quarter. But I want to be with him (her) all the time! He (she) says we can study together..."

Listener: "I think you should start going out with some other guys (girls)." (Gives advice that wasn't asked for.)

Speaker's Reaction: "Never mind--you just don't understand." (Then change the subject.)

The listener should respond quickly each time so that the speaker doesn't have to go on too long. Allow a couple of minutes for each listener to think of an appropriate response. Depending on the size of your group, you may want to have a different pair of volunteers for each response.

After having gone through several story/response pairs, discuss the activity with the group. You may find the following questions helpful in your discussion.

"Discussion" Points:

1. What kinds of things did the "listeners" say or do which made the speakers feel good about himself or herself?
2. Did you feel the "listeners" were listening?
3. How does it make you feel when someone doesn't listen to what you're saying?
4. What responses would have been better?
5. Have you heard people respond to speakers in these ways?
6. Have you ever used responses like these?
7. How would you like others to listen to you?
8. How do you let someone else know you're listening?

Assertiveness: Standing Up For Yourself Without Putting Others Down

Purpose: To demonstrate to teens the importance of responding assertively, particularly in difficult situations.

Materials: Copy of "Assertiveness" Activity Worksheet for each participant; pencils.

Time: 30-45 minutes.

Procedure:
1,2,3!

Before starting this activity, be sure that the group understands the difference between being assertive and being aggressive. Many teens may confuse the two, and so, may think that being assertive is undesireable.

Explain that being assertive means standing up for what we want or believe in and is an important part of good communication. Teens are often tempted to give into someone else's desires, whether it be peer pressure or idealized messages found in the media. Yet, if we say what we want or feel and explain why we have chosen a certain decision or action, then we can do what we really want without hurting another person. In contrast, aggressive communication involves putting other people down, blaming or criticizing them. Aggression usually cuts off communication instead of encouraging it.

Pass out the Activity Worksheets. Ask for a volunteer to read the story to the group. Break the group into smaller groups. Allow them about 5-10 minutes to select a response, and have them discuss their answers and why they selected their particular response. Then as a group, read and discuss the explanation of each response below.

1. Passive. Your friends may seem pleased because they get to eat the french fries, but they're probably feeling uncomfortable. Meanwhile, you're unhappy with yourself. Your friends told you what they wanted, but you never said a word about what you wanted. You probably figured it wouldn't matter anyway, so you ended up making excuses for your feelings. Passive responders may believe that others are always calling the shots and so they tend to act out the role of victim, making those around them feel guilty or frustrated.

2. Directly aggressive. Your friends think you overreacted. Maybe they were inconsiderate, but they don't think they deserved to be attacked. Because they feel anger and resentment they may counterattack and increase the tensions. You may win little battles, like the french fries situation, but you lose friends in the process. Aggressive responders forget to respect the rights and feelings of others, and they may use aggression to cover up their emotional insecurity.

3. Indirectly aggressive. You pretend everything's OK, then freeze out your friends with hostility. Because you didn't express your feelings, your friends are left to guess what they did to deserve the cold shoulder. The "sneak attack" is an indirectly aggressive way of expressing anger, and it's a tactic that usually leaves others feeling nervous, guilty or frustrated.

4. Assertive. You knew what you wanted and expressed it in a straightforward manner, but you were sensitive to the feelings of your friends. As a result, you feel good about yourself. Your friends know where they stand with you. They know they've been treated honestly and fairly by you. Assertive responders know how to express both positive and negative feelings and work toward a solution that leaves everyone satisfied.

“Discussion” Points:

1. What does it mean to you to be assertive?
2. How is an assertive response different from an aggressive one? Give examples.
3. Can you name situations in your own life where being assertive can be effective?
4. Is it hard to be assertive, particularly with your friends and family? Why or why not?

ACTIVITY WORKSHEET

Assertiveness: Standing Up For Yourself Without Putting Others Down

Cynthia was so glad school was over for the day. She had had two tests that morning, and now she was looking forward to meeting her friends at the nearby fast-food restaurant. She had just enough money for a shake and french fries. She bought her food and went to sit with her friends. Just as she was about to start on her fries, Ritchie came up behind her and took one.

"Mmm, good fries," he said. "Can I have another?" Before she could answer, her friend Angela said, "Oh, can I have one too? I'm still so hungry," and took some before Cynthia could reply.

"Hey, Cynthia," said Jack, "if you sit here you have to share them with us." Jack proceeded to take several.

If you were Cynthia, what would you do? Check "yes" beside the answer you would probably give in this situation.

YES NO

___ ___ 1. Apologize to your friends for not sharing your french fries and let your friends eat all of them, while you think to yourself, "It's my fault for buying them. I'll just have to wait until later to have some."

___ ___ 2. Grab the fries and announce that you had a hard morning and that you are going to eat all of them yourself.

___ ___ 3. Silently pass the fries to your friends, then ignore them so they'll get the message that you're angry with them.

___ ___ 4. Explain to your friends that you had been looking forward to having these fries all morning and that you would be glad to share some with them as long as they leave enough for you.

Test Your Assertiveness

Purpose: To help teens discover how assertive they already are.

Materials: Copy of "Test Your Assertiveness" worksheet for each participant; pencils.

Time: 45-60 minutes.

Procedure: 1,2,3!

Begin by telling the group that this activity is designed to help them discover how assertive they already are. Remind the group that being assertive means standing up for what you believe or want and is an important part of good communication. It helps us feel good about ourselves, and it makes it easier to get along with our friends and family. Hand out the Activity Worksheet. Ask the group to check the box appearing by each statement that applies to them. Give the group 10 minutes to complete the worksheet. Ask them to count the number of times they checked "most of the time"--this represents their score out of a possible 12. They can compare their scores as follows:

0 - 4	not too good at being assertive.
5 - 9	o.k.
10 - 12	very good--keep it up!

"Discussion" Points:

1. How does it make people feel when we speak assertively, i.e. in the ways described on the worksheet?
2. Why is it sometimes very hard to be assertive?
3. How can being assertive help in a relationship? In a family? In a job?
4. Which of the things on the list would be the hardest to do? The easiest?
5. Who do you know that is good at being assertive?
6. What's the difference between being "assertive" and being "aggressive"?

ACTIVITY WORKSHEET

Test Your Assertiveness

Almost Never	Some of the Time	Most of the Time	
____	____	____	I can express my feelings honestly.
____	____	____	I can say "no" without apologizing or feeling guilty.
____	____	____	I can admit when I'm angry.
____	____	____	I try to find out the cause of my anger.
____	____	____	I wait to have all the facts before I make decisions.
____	____	____	I criticize a person's behavior, not the person.
____	____	____	I take responsibility for my own feelings instead of blaming others.
____	____	____	I make it a point to express good feelings as well as bad.
____	____	____	When I say how I feel, it's not at someone else's expense.
____	____	____	If I disagree with someone, I don't use verbal or physical abuse.
____	____	____	I offer solutions to problems instead of just complaining.
____	____	____	I respect others' rights while standing up for my own.

Resources

RESOURCES

National Organizations

Center for Population Options, 1012 14th Street, N.W., Suite 1200, Washington, DC 20005, (202) 347-5700.

CPO has publications, including sex education resource guides (see below), posters, and other materials and provides training in sexuality education in selected areas. Write for a publications list.

ETR Associates, 1700 Mission St., Suite 203, P.O. Box 8506, Santa Cruz, CA 95061-8506, (408) 429-9822.

ETR distributes publications, including many useful curricula, through its division, Network Publications, and provides training in family life education.

Planned Parenthood Federation of America, 810 Seventh Avenue, New York, NY 10019, (212) 541-7800.

PPFA has a list of publications in family planning and sex education that are available from its national office. Local Planned Parenthood affiliates often have films, books, and pamphlets that are available for use by community educators.

Sex Information and Education Council of the U.S. (SIECUS), 80 Fifth Ave., Suite 801, New York, NY 10011, (212) 929-2300.

SIECUS has an extensive library in human sexuality and sex education, publishes a monthly newsletter that includes reviews of new materials, and produces bibliographies on specific topics.

Films

The following are just a few of the many films available about teenage pregnancy and parenthood, decision-making and peer group pressure. For an exhaustive listing of films and other resources see Sexuality Education: An Annotated Guide for Resource Materials, listed under "books" below.

A Little Help From My Friends, 1980, 15 mins.
Agency For Instructional Television
-examines two Hispanic boys who are friends and how their differing values affect their relationship.

Hope Is Not Method III, 1977, 19 mins.
Perennial Education Inc., Evanston, IL 60202, (800) 303-9084
-provides up-to-date information about methods of contraception.

Killing Us Softly, 1979, 28 mins.
Cambridge Documentary Films, P.O. Box 385, Cambridge, MA 02139
-examines the portrayal of women in advertising.

Making Points, 1981, 11 mins.
Girls Clubs of America, Direct Cinema Limited, P.O. Box 315, Franklin Lakes, N. J. 07417, (201) 891-8240
-humorously examines sex role stereotypes by having boys and girls exchange their traditional roles.

Male Involvement Project Trigger Film, 1983, 3 mins.
Perennial Education, Inc., 930 Pitener Avenue, Evanston, IL 60202, (800) 303-9084
-raises questions about the male role in relationships and parenthood.

A Matter of Respect, 1980, 18 mins.
Blackside Films, 238 Huntington Avenue, Boston, MA 02115, (617) 536-6900
-examines decision-making and communication on relationships from the male point of view.

The Party Game, (9 mins.), and End of the Road, (10 mins.), 1978
ODN Productions, 74 Varick Street, #304, New York, NY 10013 (212) 431-8923
-these trigger films display the importance of communication and assertiveness in relationships.

Prisoners of Chance, 1979, 23 mins.
Film Fair Communications, 10900 Ventura Boulevard, P.O. Box 1728 Studio City, CA 91604, (213) 985-0244
-examines the lives of several teenagers who have become parents.

Running My Way, 1981, 28 mins.
Children's Home Society of California, Public Education Department, 5429 McConnell Avenue, Los Angeles, CA 90066, (213) 390-8954
-portrays many of the issues and dilemmas faced by teenagers involved in relationships.

Surrounded: Peer Group Relationships, 1980, 15 mins.
Agency for Instructional Television, Box A, Bloomington, IN 47402, (812) 339-2203
-portrays the difficulty and intensity of teenage peer pressure.

BOOKS

For the Leader:

The Changer and the Changed, by Carol Bershad and Nancy Di Mella (1984). Learning for Life, Management Sciences for Health, 165 Allandale Rd., Boston, MA 02130.

Helping Children to Like Themselves, by James E. Carothers (1978). RIJ Associates, Livermore, CA.

Horizon in My Pocket (1982), Camp Fire, Inc., 4601 Madison Avenue, Kansas City, MO 64112.

Occupational Outlook Handbook, Bureau of Labor Statistics, U. S. Department of Labor, Washington, D. C. 20212.

Self-Discovery, three volumes: Developing Skills, Alcohol and Other Drugs, and Caring, Loving, and Sexuality, by Gilda Gussin, Ann Buxbaum, and Nick Danforth (1984). (Leader's guide and student book available for each volume.) Learning for Life; see above for address.

Sexuality Education: An Annotated Guide for Resource Materials, by Pamela M. Wilson (1984). Network Publications, 1700 Mission St., Suite 203, Box 8506, Canta Cruz, CA. 95061-8506.

Sexuality Education: A Guide to Developing and Implementing Programs, by Douglas Kirby, Pamela Wilson, and Judith Alter (1984). Network Publications, see above for address.

Sexuality Education Strategy and Resource Guides, Center for Population Options (1984). See above for address. Set of six guides: Programs for Adolescents, Programs for Parents, Programs for Young Men, Programs in Religious Settings, Small Group Workshops, Peer Education Programs.

Sexuality Education: Teacher's Guide and Resource Manual, By Steve Bignell (rev. 1982). Network Publications, see above for address.

Teens Parenting: The Challenge of Babies and Toddlers, by Jeanne Warren Lindsey (1980). Health Education Services.

Values in Sexuality, by Eleanor Morrison and Mila Price (1974). Hart Publishing, New York, NY.

Values Clarification, Simon, Howe, and Kirschenbaum (1982). Pennant Press, San Diego, CA.

What Color Is Your Parachute?, John Bolles (1982). Ten Speed Press (1982), P. O. Box 7123, Berkeley, CA 94707.

The Young People's Yellow Pages: A National Sourcebook for Youth, by Alvin Rosenbaum (1983). Putnam Publishing Group (1983), 200 Madison Avenue, New York, NY 10016.

Youth and Careers: A Guide for Parents, and Career Explorations, Luther B. Otto (1983). Boys Town Center, Boys Town, Nebraska 68010.

For Teenagers:

Am I Parent Material?, (pamphlet) Network Publications, 1700 Mission St., P.O. Box 8506, Santa Cruz, CA. 95061-8506.

Changes: You and Your Body, CHOICE (1978), 1501 Cherry Street, Philadelphia, PA 19102 (also in Spanish).

Challenges: A Young Man's Journal for Self-Awareness and Personal Planning, Mindy Bingham and Sandy Stryker (1984). Advocacy Press, Santa Barbara, CA, available from Network Publications.

Changing Bodies, Changing Lives, Ruth Bell, et al. (1980). Random House (1980), 201 E. 50th Street, New York NY 10022.

Choices: A Young Woman's Journal for Self-Awareness and personal Planning, Mindy Bingham, Judy Edmondson, and Sandy Stryker (1983), Advocacy Press, Santa Barbara, CA. Available from Network Publications.

The Young Peoples Yellow Pages, Alvin Rosenbaum (1983). Putnam Publishing Group, 200 Madison Avenue, new York, NY 10016.

For Parents:

The Family Book About Sexuality, by Mary S. Calderone and Eric W. Johnson (1981). Harper and Row, New York, NY.

How to Help Your Child Choose A Career, Luther B. Otto, Ph.D. (1983); M. Evans & Co., Inc., 216 East 49th Street, New York, NY 10013.

The Parent's Guide to Teenage Sex and Pregnancy, Howard R. and Martha E. Lewis (1980). St. Martin's Press, 175 Fifth Avenue, New York, NY 10010.

Raising Your Child Conservatively in a Sexually Permissive World, Sol and Judith Gordon (1983). Simon & Schuster, 1230 Avenue of the Americas, New York, NY 10020.

Talking with Your Teenager: A Book for Parents, Ruth Bell and Leni Zieger Wildflower (1984). Random House, 201 East 50th Street, New York, NY 10022.

Appendices

LEADER INFORMATION SHEET
Female Anatomy And Physiology

External Parts and Functions

Labia majora and labia minora: Two sets of folds on either side of the vagina; provide protection to the clitoris and the urethral and vaginal openings.

Clitoris: A small structure located above the urethral opening at the point where the labia meet; focal point of stimulation for the female.

Urethral opening: A small opening above the vagina for the passage of urine.

Vaginal opening: Located between the urethral opening and the anus; usually covered by a thin membrane prior to first experience of intercourse; outlet for the menstrual flow.

Anus: The outlet for the expulsion of feces (not a part of the reproductive system).

Internal Parts and Functions

Pelvis: The basin-shaped bone structure that provides support and protection to the internal reproductive organs.

Pelvic region: The part of the body located between the waist and the thighs.

Bladder: A sac-like structure in the pelvic region; responsible for storing urine (not a part of the reproductive system).

Urethra: A tube through which urine passes from the bladder to the outside of the body (not a part of the reproductive system).

Vagina: Passageway extending from the uterus to the outside of the body; canal through which a baby passes during delivery; passageway for the menstrual flow to the outside; place where intercourse occurs. Capable of expanding during intercourse and childbirth. Lubricates during sexual arousal; girls often experience vaginal lubrication and possibly orgasm during sleep.

Cervix: The mouth or opening into the uterus; protrudes into the uppermost part of the vagina.

Uterus: A pear-shaped, muscular organ located in the pelvic region; beginning at puberty, the lining sheds periodically (usually monthly) during menstruation; baby develops within during pregnancy.

Fallopian tubes: Passageway for the egg from the ovary to the uterus; place where fertilization occurs.

Ovaries: Oval-shaped structures located in the female pelvic region; contain 300,000 to 500,000 egg cells at birth; produce female sex hormones, estrogen and progesterone; begin release of eggs at time of puberty.

Ovum or egg: About the size of a pinhead; if not fertilized, dissolves and is absorbed. Usually one is released monthly; if more than one egg is released, may result in twin or multiple births.

Menstruation

Function: Periodic shedding of the uterine lining which has formed in preparation for a fertilized egg.

Age of onset and termination: Varies from age 9-17; ends at menopause, about 45-55 years of age.

Length of cycle: Varies, average is 28 days. Intervals may be irregular in young girls.

Duration of flow: Varies, average is 2-7 days. Amount of flow also varies. Some females experience cramps caused by uterine contractions.

Hygiene: May be necessary to bathe more frequently; use sanitary protection; change frequently.

Common myths: Boys can tell when a girl is having her menstrual period; bathing and washing one's hair is harmful while menstruating; boys get venereal disease if they have intercourse at the time of partner's menstrual period; bathing causes menstrual cramps.

Reproductive Process

Ovulation: During ovulation, an ovary releases a mature egg which then becomes available for fertilization; occurs approximately 14 days before a menstrual period begins, but is frequently irregular in young girls. The first ovulation may or may not coincide with the first menstrual period; a girl may begin to ovulate before, at the time, or sometime after she first menstruates. Multiple ovulation may result in twin or multiple births.

Fertilization: The union of an egg with a sperm in the Fallopian tube. Sperm are capable of fertilization up to 7 days after intercourse.

LEADER INFORMATION SHEET
Male Anatomy And Physiology

External Parts and Functions

Penis: The male organ for sexual intercourse.

Circumcision: The removal of the foreskin which covers the head of the penis; usually done in the first 4 days of life; aids hygiene (the removal of smegma, a normal secretion from the penis); does not affect sexual functioning.

Erection: The process by which the penis fills with blood in response to thoughts, fantasies, temperature, touch, or sexual stimulation.

Scrotum: The pouch located behind the penis which contains the testicles; provides protection to the testicles; controls temperature necessary for sperm production and survival.

Testes: Two round glands which descend into the scrotum following birth; produce and store sperm starting in puberty; produce male sex hormone, testosterone.

Anus: The outlet for the expulsion of feces (not a part of the reproductive system).

Internal Parts and Functions

Vas deferens (sperm tube): Passageway for sperm, leading from the testicles and joining with the urethra.

Seminal vesicle: A sac-like structure lying behind the bladder; secretes a thick fluid that forms part of the semen.

Prostate gland: A gland located in the male pelvis; secretes a thick, milky fluid that forms part of the semen.

Cowper's glands: Two small glands that secrete a fluid that is released from the penis soon after erection; may contain sperm; neutralizes the acid in the urethra.

Urethra: The tube through which urine passes from the bladder to the outside of the body; closed to urine during ejaculation.

Sperm: The male sex cells; too small to be seen without a microscope; shaped like tadpoles; movement aided by lashing their tails; production begins usually between age 12-24; total number per ejaculation -- 200 to 500 million; may survive in the Fallopian tubes 7 days, but rarely cause fertilization after 72 hours.

Ejaculation: The release of semen from the penis.

Semen: The sperm-containing fluid that passes out of the penis at the time of ejaculation; produced and stored in the seminal vesicles and prostate gland; clear color in young males due to low sperm count;

whitish color develops as sperm count increases. Regardless of the color of their semen, boys are still capable of impregnating a girl.

Nocturnal emissions (wet dreams): Erection of the penis and subsequent ejaculation during sleep; related to the individual's level of sexual awareness and interest, usually triggered by sexual dreams and fantasies. Occurs most frequently in males who do not engage in masturbation or sexual intercourse.

LEADER INFORMATION SHEET

INFECTIONS OF THE REPRODUCTIVE SYSTEM

Infections or diseases which are related to the reproductive system are often sexually transmitted. This section of the Leader's Resource describes sexually transmitted diseases in addition to other common infections of the genito-urinary tract of both men and women.

Sexually Transmitted Diseases

Sexually transmitted disease (STD) is a term used for a variety of infections that can be spread by sexual contact. The term "venereal disease" (VD) is familiar to many people and usually refers to either gonorrhea or syphilis. STD is not only more accurate, but also the preferred term, as the stigma surrounding the term VD often invokes feelings of shame or guilt.

STD Prevention

The only completely 100% effective preventive measure is to abstain from close sexual contact. While this refers primarily to sexual intercourse, intimate touching (skin-to-skin in the genital area) can result in a STD. There are ways to prevent infection with a STD:

FOR THE GREATEST PROTECTION:	abstain from all sexual activity
FOR SOME PROTECTION:	if you choose to be sexually active, use condoms each and every time you have intercourse use contraceptive foams, jellies, and creams containing the chemical nonoxynol-9 avoid close contact if your partner has signs and symptoms of a STD
FOR GOOD HYGIENE:	wash your genitals before and after sexual intercourse urinate after sexual intercourse keep appointments for routine medical check-ups

Signs and Symptoms of STD

Every STD will not have signs and symptoms, and the same STD may seem different in different people. It is extremely important to note that females often and males occasionally have a STD without any physical signs or symptoms. Any of the following physical signs can indicate to a sexually active person that she or he may have a STD and should consult a doctor or clinic. These include:

Redness, soreness or tenderness of the genitals
Pain on urination
Unusual discharge from the penis or vagina
A sore, growth, blister, wart or rash on or around the genitals, near the anus, or mouth
Abdominal pain, especially with intercourse
A sexual partner with symptoms

As you can see, there are some symptoms of STDs that can also be symptoms for non-sexually transmitted diseases. It is also possible to have more than one disease or infection at the same time. Therefore, it is very important to seek medical attention if you believe you have been exposed to or have a symptom of a sexually transmitted disease. And whether you do or don't have the disease you suspect, you should know if your illness can be transmitted to others.

Appropriate Response to a Suspected STD

- Abstain from sexual activity and seek medical attention immediately.

- Follow all treatment and follow-up instructions from your medical provider.

- Finish all medication, even if you don't feel sick.

- Inform your sexual partner(s) and encourage them to seek treatment.

- Resume sexual activity only after you have been told the infection is cured, and you know that your sexual partner does not have an infection.

- Follow STD prevention measures to avoid a future infection.

Descriptions of Various Sexually Transmitted Diseases

Acquired Immunodeficiency Syndrome (AIDS) and Human Immunodeficiency Virus (HIV)

Symptoms: AIDS is not a single disease, but a syndrome, or combination of different symptoms. This illness is a result of a virus (Human Immunodeficiency Virus or HIV) which weakens the immune system, or the natural way the body fights infection. There are some illnesses which are unusual for normally healthy people (Kaposi's Sarcoma, pneumocystis pneumonia, oral thrush), but common for people infected with HIV. The symptoms of AIDS and HIV infection -- weight loss, night sweats, loss of appetite, -- are also signs of other diseases.

Consequences: There currently is no cure for HIV infection or AIDS. Most people who have an HIV infection eventually become very sick and die from illnesses or infections their body can no longer fight.

Diagnosis: A test is available for the HIV antibody. This test shows whether or not the person has ever been exposed to HIV, not whether or not the virus is present in the person's body. A test for the virus itself may become available in the near future. There are different kinds of clinics that offer HIV antibody testing. Some keep the results confidential, others maintain anonymous records. It is important to learn about the different resources available in your area before deciding about HIV antibody testing.

As mentioned above, the symptoms of HIV infection are similar to those of many common illnesses. Once these other illnesses have been ruled out, evidence of an opportunistic infection (one that takes advantage of a weakness in the immune system), combined with the presence of the HIV antibody may lead to a diagnosis of HIV infection. Significant research is currently being conducted in this area, and we recommend that you seek the most current information through the resources listed in the AIDS/HIV chapter.

Treatment: There are separate treatments for the numerous illnesses which can result from a weakened immune system. There is a medication (zidovudine or AZT) which has been approved by the Federal Drug Administration for use in helping to strengthen the immune system. Other drugs are in experimental stages and are expected to provide similar treatment.

In addition to medical services, social services are needed by people with HIV infection. These include psychological services, economic assistance, household assistance and support groups. For people with HIV and for their family and friends, it is very important to recognize the need for additional emotional support throughout the course of the disease.

Education is currently the key to preventing further HIV infection. HIV can be spread by semen or vaginal secretions through sexual intercourse with an infected person. Transmission of HIV also occurs when an infected person's blood enters the blood stream of an uninfected person. This most commonly occurs through sharing a needle or syringe while injecting drugs, in tattooing, or by sharing other sharp objects. If an infected woman is pregnant, she can spread the virus to her baby. Blood products or transfusions were a possible source of infection before 1985. Since then all blood is tested before it is used.

Chlamydia

Symptoms: Frequently, men and women have no symptoms. Men may have a discharge from the penis, and there may be pain on urination. Women may have a cervical discharge. Men and women who engage in rectal or oral intercourse are also at risk for infections of the rectum and throat. Chlamydia is often present simultaneously with a gonorrhea infection.

Consequences: Because chlamydia frequently has no symptoms, there is a danger of an infection going untreated for a period of months thereby increasing risk of PID (pelvic inflammatory disease) in women. Women with cervical chlamydial infections can pass the infection to their children during childbirth. This can result in an eye infection or pneumonia in the newborn.

For men, there is a risk of infecting the epididymis, or duct at the top of each testicle. This can be very painful and result in infertility.

Diagnosis: Both women and men will be given a genital examination. Any discharge will be collected for microscopic examination. While the physical and microscopic exams may not isolate chlamydia, experienced medical practitioners may choose to treat probable chlamydia based on the exams. Sometimes, a woman's Pap smear will indicate the possibility of a chlamydia infection. There are also special tests available which are moderately expensive, but which can identify chlamydia in people without symptoms.

Treatment: Antibiotics are the preferred treatment, and are usually administered orally.

Crabs (Pubic Lice)

Symptoms: Lice are small insects, about the size of a pinhead, but visible. They live and breed in the pubic hair where they can cause intense itching. Lice can be spread through sexual contact. They may also be spread by shared bedding, clothing, or towels.

Consequences: Untreated, lice will continue to infect the person and his or her contacts. Lice may also infest other body hair. Household members are at risk for infection. Lice can carry other diseases, such as typhus.

Diagnosis: Lice are diagnosed by seeing them in the affected area. School children will often have head lice checks by school nurses or teachers.

Treatment: The affected area must be washed with a preparation that kills the adult lice and their eggs. Proper cleaning of the household, bedding and clothing must also take place to prevent reinfection. Prescription and over-the-counter medications are available at most drugstores to treat lice.

Gonorrhea

Symptoms: Men have a thick, greyish-yellow pus-like discharge from the penis and a burning sensation during urination. Symptoms appear 2-10 days after contact with an infected person. Twenty percent or more of men show no signs of infection.

Women usually show no signs of gonorrhea. They may, however, have a pus-like vaginal discharge, vaginal soreness, painful urination, and/or lower abdominal pain 2-10 days after contact with an infected person.

Consequences: Untreated gonorrhea can result in sterility for men and women. In women, PID (pelvic inflammatory disease) can follow gonorrhea, especially if the gonorrhea infection is undetected for months. (See section on PID for more information).

Diagnosis: The medical practitioner needs to be informed of all possible sites of infection (genitals, mouth and/or anus).

A medical practitioner examines the genitals, mouth, and/or anus for signs of irritation, soreness or discharge. A bacterial culture is taken from the infected area(s) by swabbing any discharge with a cotton-tipped applicator. The lymph glands may be felt and temperature may be taken.

Treatment: Antibiotics are the usual course of treatment in either a one-time dose of pills or an injection. There is a penicillin-resistant strain of gonorrhea which must have special attention and medication (usually an injection). Since a chlamydia infection is often present with gonorrhea, additional antibiotics may be given to treat this possible infection.

Genital Herpes

Symptoms: Herpes are painful blister-like lesions on or around the genitals or the anus. Symptoms usually appear 3-20 days after contact with an infected person. Some people have no visible symptoms. Herpes can spread from mouth to genital areas and from the genital to the mouth area from oral-genital contact.

Consequences: There are recurring outbreaks of blisters which can be painful in one-third of those who have herpes. Herpes is a life-time infection, and partners of an infected person may acquire this disease as well. For this reason, herpes can cause psychological problems, such as short-term social/sexual withdrawal, lowered self-esteem, anger and stress. There are support groups and other organizations which some people find helpful in learning to adjust to having herpes. These groups may also be helpful in sharing communication techniques and treatment opportunities.

Herpes may increase the risk of cervical cancer in women; it can also be transmitted to a baby during childbirth.

Diagnosis: A culture of the lesion may be performed during an outbreak. This is done by gently scraping the lesion to place some cells in an appropriate container for laboratory analysis. Sometimes, the results of a woman's Pap smear will indicate cell changes indicative of the herpes virus. An experienced medical practitioner will often recognize the characteristic herpes lesion on sight.

Treatment: Herpes is caused by a virus, and at this time has no cure. Most treatments seek to relieve the pain and discomfort of active sores. Immediate diagnosis by a medical practitioner may result in a prescription for a medication, called acyclovir (Zovirax), which may help alleviate the severity of the initial outbreak and prevent recurrences. There are many different regimens, including vitamins and other alternative therapies, whose effectiveness have not been documented, but which some people use to feel better. There is general agreement that decreasing psychological stress in one's life and following general good health standards (eating well, moderate exercise, and avoiding substance abuse) will help prevent recurrences.

Non-specific Urethritis (NSU or NGU)

Symptoms: A bacterial infection of the urethra causing inflammation, painful urination and a discharge, primarily in men, and usually due to chlamydia infection.

Consequences: When left untreated, men will feel increasing discomfort, especially upon urination.

Diagnosis: A physical examination of the genitals by a medical practitioner and a microscopic examination of the discharge.

Treatment: Oral antibiotics are a common treatment.

Scabies

Symptoms: An infection caused by a tiny mite (insect) that burrows under the skin, causing intense itching and redness of the skin.

Consequences: Scabies will not go away if left untreated. Sexual contacts and household members will be at risk for infection.

Diagnosis: Scabies is diagnosed by a medical practitioner through visual examination and sometimes a scraping for microscopic examination.

Treatment: The affected area must be washed with a preparation that kills the mites. Prescription and over-the-counter medications for treatment are available at most drugstores.

Syphilis

Symptoms: A painless ulcer or sore, called a chancre, on or in the genitals, anus, mouth or throat appears 10 days to 3 weeks after contact with an infected person. If left untreated, the sore will go away by itself. About 6 weeks after the chancre appears, a skin rash will develop, often on the palms of the hands and soles of the feet.

Consequences: Untreated syphilis may cause a loss of hair in patches. If left untreated after the rash appears, syphilis can eventually cause heart failure, blindness and damage to the brain and spinal cord and finally death.

Diagnosis: Examination by a medical practitioner of the chancre site, eyes, throat, heart, lungs and abdomen. There may be a microscopic examination of chancre fluid. There is a common blood test (a small sample of blood is taken from the arm) which some clinics routinely use for screening. This blood test is required in some states before a marriage license is issued.

Treatment: Penicillin or a similar antibiotic that kills the bacteria, usually by injection, is the common treatment. It is extremely important to return for follow-up blood tests and sometimes more medication. Once someone has had syphilis, it is important to include this information in his or her medical history. This is because there are some blood tests which will show positive results because of a past syphilis infection.

Trichomoniasis

Symptoms: An infection caused by a single-cell organism present in the bladder of some people. It is most often sexually transmitted, but in children can be transmitted by washcloths or towels used by an infected person.

Women may experience a burning sensation on urination, an odorous, foamy vaginal discharge, and/or a reddening and swelling of the vaginal opening.

Men usually have no symptoms, or a slight penile discharge.

Consequences: The infection will not go away by itself. Everyone who has the infection may not have symptoms, or the symptoms may not be bothersome to them. Even without symptoms or annoyance, the person can give a sexual partner the infection.

The long term effects of the infection are not known at this time.

Diagnosis: A medical practitioner will microscopically examine the discharge in addition to performing a genital exam. A sexual partner may be diagnosed on the basis of his or her partner's exam and diagnosis.

Treatment: There is an oral medication called metronidazole or Flagyl which cures the infection. It is very important to follow all instructions about completing the medication even if symptoms disappear. No alcohol should be drunk while this medication is being used.

Venereal Warts (Condylomata)

Symptoms: Venereal warts are the result of a virus spread during sexual contact. In moist areas like the vulva, they are usually pink or red and soft. They often grow together in little clusters. Another name for venereal warts is condyloma (condylomata is the plural).

In dry areas such as the penis, the warts are small, hard, and yellowish grey.

Warts can also grow on the cervix, inside the vagina or rectum.

Consequences: Untreated, the warts may increase in size and become uncomfortable. They will also be transmitted to partners through sexual activity. There is some evidence that venereal warts on the cervix may increase the risk for future cervical cancer in women.

Diagnosis: Physical inspection by an experienced medical practitioner is the primary form of diagnosis.

Treatment: The medical practitioner may choose to apply a special solution which destroys the warts; sometimes it is necessary to have more than one treatment. There are other treatments which involve laser or cryo-therapies. It is very important to follow the medical practitioner's advice.

Common Infections of the Genito-Urinary Tract

It is important to remember that not all genital infections are sexually transmitted. There are other factors which can lead to genital infections, including antibiotic therapy, trauma and hygiene. The following diseases or infections are common, and deserve some special attention.

Of particular interest is pelvic inflammatory disease (PID) - one of the most common causes of infertility in women. PID often results from a sexually transmitted disease. Monilia, the most common vaginal infection, is described below as are urinary tract infections.

Pelvic Inflammatory Disease (PID)

Symptoms: PID is an infection of the Fallopian tubes and surrounding structures, so only women develop this condition. It can be caused by gonorrhea, bacteria from the rectum, or other germs introduced into the vagina through sexual activity.

When a woman has PID she will often have severe abdominal pain, a low grade fever, and may or may not have a vaginal infection at the same time. Women who use the IUD (intrauterine device) for contraception need to be especially vigilant for signs of possible infection.

Consequences: Left untreated, PID will only get worse. Eventually, hospitalization may be required, and sometimes surgery is necessary to remove infected organs or tissue. Sterility can result from scars left by what once seemed to be mild PID. There may be later recurrences of the infection.

Diagnosis: A medical practitioner will perform a pelvic exam assessing pain, swelling, tenderness and possible vaginal infections.

Treatment: Oral antibiotics are usually prescribed, sometimes there is an injection before the pills are given. The entire course of medication must be taken to assure a cure. Even if the pain goes away, it is important to follow all instructions completely. Hospitalization is recommended for some cases requiring intravenous antibiotic therapy.

Monilia

Symptoms: Monilia is a yeast infection which results when there is an imbalance of the organisms normally found in a woman's vagina. This infection is commonly caused by taking antibiotics, using birth control pills, excessive douching, stress, or wearing tight pants or pantyhose. A yeast infection can also be sexually transmitted.

Women will probably notice vaginal itching, burning, a whitish lumpy (cottage-cheese like) discharge that smells like yeast, and dryness of the vagina.

Men may notice inflammation on the penis, but often have no symptoms.

Consequences: The discomfort for women will increase without treatment. Men may not have any discomfort, but may (re)infect their partner(s).

Diagnosis: Women will have a pelvic exam by a medical practitioner who will perform a microsopic examination of any discharge. Men are often diagnosed if their sexual partner has a monilia infection and they show signs of inflammation upon physical exam.

Treatment: A cream is applied in the vagina for women and on the penis for men. There are some alternative remedies for prevention and treatment of yeast infections available through women's self-help books and groups.

Urinary Tract Infections (UTI)

Symptoms: Often referred to as a bladder infection or cystitis, a urinary tract infection occurs when bacteria enters the urethra. Most common in women, a UTI is evident from painful or burning urination. Often, there is a feeling of having to urinate very often (or constantly), but very little, if any, urination actually occurs. There may be blood in the urine.

While a UTI is not considered a sexually transmitted disease, because a woman's urethra is located between the vagina and clitoris, sexual intercourse or activity may initiate or aggravate the condition.

Consequences: Some women will attempt to wait for the symptoms to pass, but without adequate treatment, the infection and resulting discomfort may increase. The infection may eventually reach the bladder or kidneys. Permanent damage to the kidneys is possible without appropriate early treatment.

Diagnosis: A urine sample is analyzed either microscopically at the clinic/office or sent to an outside laboratory for detailed analysis. A genital exam may or may not be performed. Women may have a vaginal infection at the same time, so often a pelvic exam with a microscopic examination of vaginal secretions is performed.

Treatment: Antibiotics taken orally are a common treatment. There are medications which can relieve the pain rather quickly and are taken with the antibiotics. It is essential that all of the medication be taken as advised, even if the pain/discomfort goes away.

LEADER INFORMATION SHEET

Methods of Contraception

How to Choose a Method of Contraception

There is a variety of factors which affect each individual's and each couple's choice of contraception throughout the reproductive years. Some of the questions to consider include:

The method:

- Is this method effective enough for me?
- Is the method convenient? Will it fit into my lifestyle?
- Are the risks and side effects acceptable to me as compared to other methods of contraception?
- Are the risks and side effects acceptable to me as compared to those of pregnancy and delivery?
- Does this method provide sufficient protection from pregnancy and disease?
- Where can I find this method?
- Can I afford the initial cost of this method? Can I afford to continue using it?

The user:

- Is this a good method for someone my age?
- How often do I expect to have intercourse?
- Will I use the method correctly and consistently? How important is it to me to avoid pregnancy now?
- How does this method fit with my values and religious beliefs?
- Does my partner have a preference for what we use as contraception?
- Who will know what method of birth control I'm using? Will they provide me with support in using it?
- How will my family affect this decision?
- Do I need parental permission to get this method?
- What do I know about the experience of my friends or family with this method?
- Do I need to schedule an appointment someplace? How do I find a place to go?

Many couples use different methods of contraception at different points in their lives. It can help to remember that if one method isn't suitable for any reason, there are others to try.

One of the most frequently asked questions in refering to the effectiveness of a contraceptive method in preventing unwanted pregnancy is "How safe is it?" There is not an easy and universal answer to this question. All methods of contraception work better than no method. Of 100 women having sexual intercourse without contraception, 89 would be expected to become pregnant within one year. Failure rates of contraceptives can vary as they may come from different studies or may be estimates of theoretical effectiveness. The failure rates given in the following section indicate the percent of women becoming pregnant during the first year of use and should be compared to the risk of pregnancy with no method of contraception.

The effectiveness and safety of all methods depend on consistently and correctly following the use instructions for that particular method.

PREGNANCY PREVENTION WITHOUT CONTRACEPTION

Abstinence

What it is: Abstinence is not having sexual intercourse.

How it works: By not engaging in sexual intercourse no sperm are released into the vagina.

How it is used: Either a mutual agreement or an independent decision by one partner is made not to engage in sexual intercourse.

What is the failure rate: It is about 1%. Some couples engage in non-penetrating sexual activity which can result in ejaculation outside but close to the opening of the vagina. This can result in pregnancy.

Where to get it: From yourself! Abstinence is readily available to both males and females for no cost, no medical side effect, no risks, no worry, and no problems with parents or others. The decision not to have intercourse is often a decision to make before sexual intimacy has proceeded at a given time.

Additional information: A person who has had sexual intercourse in the past may decide to abstain at any time, in any relationship.

Abstinence also guarantees that you will not have to face the repercussions of pregnancy, sexually transmitted diseases, pelvic inflammatory disease, abortion, early child-bearing or contraceptive-related health problems.

NON-PRESCRIPTION METHODS OF CONTRACEPTION

Coitus Interruptus (Withdrawal)

What it is: Withdrawal is a common name for the practice of removing the penis from the vagina prior to ejaculation.

How it works: Withdrawing the penis before ejaculation prevents the release of most sperm into the vagina.

How it is used: Requires the male to identify impending ejaculation and remove the penis prior to release of semen.

What is the failure rate: It is 18%, based on actual use by typical couples seeking to avoid pregnancy over the course of one year.

Where to get it: While this does not require any "tools" for use, the male must be able to accurately anticipate impending ejaculation.

Additional information: Even though the penis is withdrawn before ejaculation, some sperm may have been released and could cause pregnancy.

Using this method requires control and motivation. Couples often find this method physically and emotionally unsatisfying, so it is not often used as a primary method of contraception. It is a good method to use in the "mean time" - anytime another contraceptive is unavailable, such as until the drug stores open or a clinic visit takes place.

Condom (Rubber)

What it is: Usually made of latex rubber, condoms are like a thin glove which fits over the erect penis.

How it works: By covering the penis during sexual intercourse, ejaculation can occur without semen entering the vagina.

How it is used: Before sexual intercourse begins, a condom is placed over the erect penis; space must be left at the end to collect the semen (some condoms have a special "reservoir" tip for semen collection). After ejaculation, the condom should be held in place while removing the penis from the vagina to prevent semen from spilling on or into the vagina. Condoms are disposable - one use only.

What is the failure rate: It is 12% in actual use when used alone by typical couples to prevent pregnancy. When used with foam, the failure rate decreases to 2-5%.

Where to get it: Condoms can be purchased in many drug, convenience and grocery stores. Family planning and health clinics often distribute condoms free or at a reduced price. There are vending machines in many locations. Women now purchase 40% of condoms sold in the United States.

Additional information: The latex condom is a relatively inexpensive method and helps prevent the spread of most sexually transmitted diseases, including HIV, the virus that causes AIDS. While there are many stories of condoms breaking during use, three steps can help prevent this from happening:

1) Use condoms that are new and properly stored. Do not store condoms in a hot place (car, wallet or pocket) as they are more likely to break.

2) Make sure that there is adequate water-based or spermicidal lubrication. Using petroleum products such as Vaseline or cooking oils will destroy the condom by diminishing its integrity very quickly.

3) Use reservoir/receptacle tip condoms or allow enough room at the end to collect the semen at ejaculation.

Condoms are available with a spermicidal lubricant. This combines the barrier of the rubber with the chemical sperm-killer.

Spermicides: Contraceptive Foam, Sponge, Suppositories, Film, Cream, Gel

What it is: Each of these contraceptives delivers a spermicide into the vagina and must be inserted into the vagina prior to sexual intercourse. Foam (looks like shaving cream), cream (looks like white toothpaste) and gel (looks like clear toothpaste) are each inserted with an applicator similar to that of tampons. Suppositories are gel-like pellets, and contraceptive film is a square that looks similar to plastic wrap. The contraceptive sponge is a round, soft and flexible disk-shaped sponge, approximately two inches in diameter with a shallow depression on one side.

How it works: The spermicide in each of these contraceptives kills the sperm once released into the vagina. The sponge also forms a barrier preventing passage of sperm through the cervix in addition to absorbing semen and vaginal secretions. The foam, gel, cream, suppositories and film can also serve as barriers to sperm passage through the cervix, but primarily work to kill sperm.

How it is used: Each of these spermicides must be inserted into the vagina before intercourse. The sponge must be moistened with water to activate the spermicide before insertion, and can be in place for up to 24 hours without additional preparation. The foam, suppositories, gel, cream and film all must be reapplied for additional acts of intercourse.

What is the failure rate: For foam, cream, gel and suppositories it is 21% based on actual use by typical couples for a year. The film is thought to have a similar failure rate as other spermicides. The sponge has a failure rate of 18% for women who have not had a child and more than 28% for women who have had a child. Effectiveness for all of these spermicides is increased when used along with condoms.

Where to get it: Spermicides are available in many drug, convenience and grocery stores. Family planning and health clinics often distribute foam free or at a reduced price.

Additional information: Foam, gel, cream, film and suppositories all dissolve in the vagina. Douching is unnecessary; however, if

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it is desired, it should be delayed for at least 6-8 hours after intercourse.

While some men or women experience irritation from using a particular spermicide, using a different brand will usually solve the problem.

Natural Family Planning

What it is: Natural family planning is a method to prevent pregnancy in which the changes in a woman's body are monitored to determine the fertile phase of each fertility cycle.

How it works: By monitoring the woman's fertility cycle, intercourse is avoided when conception is likely to result.

How it is used: Records are kept of certain fertility signs which may include the basal body temperature, measurements of cervical mucus, cervical position, and menstruation. Once the measurements are made, certain "rules" are followed in timing intercourse to avoid pregnancy.

What is the failure rate: Based on actual use, depending upon the body changes monitored and the rules followed, NFP has a failure rate of about 20%.

Where to get it: Proper instruction on natural family planning is essential, and can be obtained from many family planning agencies in addition to hospitals, private teachers and natural family planning organizations.

Additional information: Monitoring the signs of NFP is an excellent way for many young women to better understand their own natural fertility cycle. Some couples use NFP to become pregnant rather than to avoid pregnancy. For the most effective use, this method needs to be carefully monitored while learning. Support must also be available so questions can be answered as they arise.

NFP has often been confused with the "rhythm method" of counting days to determine "safe" and "unsafe" times for intercourse. Many teens and adults who have thought they were using a method of contraception have misunderstood "rhythm" and the fertility cycle with pregnancy as a result. Good NFP instruction includes information about the fertility cycle and the availability of additional instruction.

This method is acceptable to most religions. Many young women who are not sexually active will use Natural Family Planning information to better understand their bodies.

For NFP to prevent pregnancy, accurate records must be kept and rules must be strictly followed. It is also essential that the male partner understand and cooperate in the use of this method.

A variation of Natural Family Planning is called Fertility Awareness. When using Fertility Awareness to avoid pregnancy, a couple does not abstain from sexual intercourse during the fertile period, but uses a barrier method such as a diaphragm or condom to prevent pregnancy.

PRESCRIPTION METHODS OF CONTRACEPTION

Diaphragm and Cervical Cap

What it is: The diaphragm and cervical cap are both reusable rubber cups which are used with a spermicide. The diaphragm has a larger diameter as it fits between the pubic bone and back of the vagina, while the cervical cap fits only over the cervix.

How it works: Both methods physically block the sperm from passing through the cervix and the spermicidal jelly or cream kills sperm.

How it is used: These methods are placed in the vagina along with a spermicidal jelly or cream prior to intercourse. Adding spermicide without removing the diaphragm is necessary for repeated intercourse. The diaphragm is left in place for at least 6-8 hours after intercourse, but should be removed within 24 hours. The cervical cap may be left in place longer. After each use the diaphragm or cervical cap is washed with soap and water, dryed and stored in its case or box.

What is the failure rate: The diaphragm has a failure rate of 18% in actual use. The cervical cap also has a failure rate of 18%.

Where to get it: Family planning clinics or physicians can provide a fitting and time to practice inserting either the diaphragm or cervical cap. It may be necessary to purchase a diaphragm at a pharmacy with a prescription. Cervical caps are not available through all clinics and doctors, so it is a good idea to call the local family planning clinic for information on cervical cap availability in your area.

Additional information: To effectively prevent pregnancy, these methods must be kept readily available and used each time intercourse occurs. If inserted incorrectly, the woman may not be protected from pregnancy.

There is a potential risk of Toxic Shock Syndrome if these devices are kept inside the body too long, and women should be aware of the warning signs. Neither the diaphragm nor cervical cap should be in place longer than necessary.

Some women and men find certain brands of contraceptive jelly or cream irritating; changing brands usually solves this problem.

Intrauterine Device (IUD)

What it is: An IUD is a plastic device, often shaped like a "T", sometimes with copper wire wrapped around part of it, which is placed in the uterus.

How it works: There are diverse theories about how the IUD prevents pregnancy; some researchers feel that it makes the uterus inhospitable for the fertilized egg, and others feel that it slows the sperm from reaching the egg in the fallopian tube.

How it is used: A trained medical person inserts the IUD into the uterus; a short string is attached to it which remains in the vagina. The placement of the string should be checked by the woman after each menstrual period.

What is the failure rate: In actual use the IUD has a 6% failure rate.

Where to get it: While the IUD has had limited availability in the late 1980's, it is available through some family planning clinics and private physicians.

Additional information: The IUD is less available from manufacturers because of lawsuits and concern about potential liability. Not all IUD products were faulty. Some women using them, however, became ill.

It is recommended that only women who have had a child and are in a mutually monogamous relationship use the IUD. This decreases the risk of sexually transmitted disease, and therefore the chance of serious complications.

Oral Contraceptives (Pills)

What it is: Birth control pills are small pills a woman swallows to prevent conception.

How it works: The hormones contained in the pills affect the body in different ways. Most prevent the release of an egg from the ovary, block the cervix with thick mucus and/or prevent the fertilized egg from implanting in the uterus.

How it is used: Pills are taken daily by the woman at basically the same time every day. Depending on the specific kind she is taking, there may be a week in between packages or she may go from one pill-pack to another. There is nothing extra to do at the time of sexual intercourse.

What is the failure rate: In actual use, the pill has a failure rate of 3%.

Where to get it: A family planning clinic can usually provide both the physical examination required before prescribing the pills and the pills themselves. Private physicians can provide the physical examination and prescribe the pill. Costs will vary according to the pharmacy.

Additional information: Oral contraceptive pills are a very effective method of birth control for many young, healthy women. The first few years in which oral contraceptives were introduced for the general population, the high dose of hormones and side effects created much media attention. The pills prescribed today are lower dose and have fewer side effects, but are still effective in preventing pregnancy.

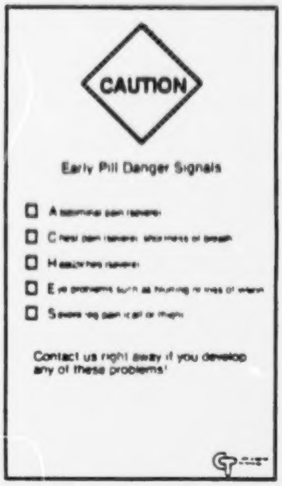
Oral contraceptive pills do not provide protection against sexually transmitted diseases. This includes HIV, the virus that causes AIDS. Women who choose oral contraceptives must also protect themselves from sexually transmitted diseases through the use of condoms.

There are restrictions as to who can safely use the pill, but the risk increases most for women over 35, especially those who smoke. The very rare, but serious complications of oral contraceptives include hypertension, stroke and blood clots. For many young, healthy women who are at risk for pregnancy, the risk of taking oral contraceptives is less than that of carrying a pregnancy to term and bearing a child.

There are some common side effects which can occur while taking the pill, although changing the brand and strength of the pill can often solve these inconveniences. These include slight weight gain, headaches, nausea, swollen or tender breasts, reduced menstrual bleeding, and light bleeding or spotting between periods.

Anyone who is taking birth control pills needs to have her questions answered by a knowledgeable person, either from a family planning clinic or doctor's office.

The card on the right provides some of the essential information or early danger signs for women who use oral contraceptives.



CAUTION

Early Pill Danger Signals

Contact us right away if you develop any of these problems!

Contraceptive Technology 1988-1989, R.A. Hatcher, F. Guest, F. Stewart, G.K. Stewart, J. Trussell, S.C. Bowen, and W. Cates (Irvington Publishers, Inc.:New York, NY, 1988) served as the primary source for this information.

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Life Planning Education In Hispanic Communities

STARRING
SONIA & CARLOS
TICKETS

LIFE PLANNING EDUCATION IN HISPANIC COMMUNITIES

This guide has been prepared for leaders working with Hispanic teens. It offers suggestions for using the Life Planning curriculum with a Hispanic audience and includes translated versions of the student activity worksheets. On a chapter by chapter basis, the guide addresses the special issues facing Hispanic teens, along with some ideas on how the Life Planning Curriculum can be used more effectively.

Student activity sheets have been translated into Spanish. You may wish to use them in groups where the primary language is Spanish, along with the English exercises to facilitate understanding, or as handouts for students to take home to parents. These handouts may be duplicated without permission.

Life Planning Education

Life Planning Education is a unique pregnancy prevention strategy that addresses the two documented areas of greatest concern adolescents have about their futures - planning their families and planning for their vocations.

Life Planning helps adolescents understand and avoid the often tragic social and economic consequences of early, unintended pregnancy and parenthood: interrupted education, unemployment or underemployment, and welfare dependency. In Life Planning programs, teens examine their personal values about sexual behavior and parenthood, identify their educational and vocational options and acquire the skills necessary to define and achieve their life goals.

The Life Planning Curriculum can be a useful tool for Hispanic communities because of its emphasis on youth development and life options, and its focus on incorporating sexuality into broader life concerns. This second point is particularly important in Hispanic families and communities in which discussions about sex and sexuality are often considered private matters.

El Paso - The Field Test Experience

The Center for Population Options (CPO) pilot-tested the Life Planning curriculum in El Paso, Texas, where it was enthusiastically received by the over 24,000 teens who participated in the project. El Paso was selected as a pilot site because it was a conservative, predominately Hispanic community with a high rate of teenage pregnancy.

Prior to the Life Planning project, there were few sexuality education or teenage pregnancy prevention programs in the El Paso area. Thus, El Paso was also chosen to test the hypothesis that Life Planning's broad focus would be acceptable in communities where introducing sexuality education programs had been difficult.

CPO hired a local professional in El Paso with extensive experience in the Hispanic community to serve as CPO's on-site consultant. An Advisory Board was appointed to assist with recruitment and provide support throughout the project. Subsequently, a community meeting was held to introduce the concept to the community. A Life Planning Training was conducted with 39 individuals from 24 agencies in the El Paso area.

The evaluations indicated that the training was well received. The training improved participants' general skills in working with young people and provided them with skills to conduct a Life Planning program in their agency. In fact, 88% of the agencies represented at the training have implemented a Life Planning program; 158 professionals from these organizations are now using the curriculum. The follow-up evaluations, completed one year after the training, also indicated that the project had an impact on the El Paso community. It heightened the community's awareness about teenage pregnancy; strengthened El Paso's commitment to reducing teenage pregnancy; and provided an acceptable substitute to traditional sexuality education programs. The Life Planning program has now been implemented in both El Paso school districts.

Hispanic Teens in the U.S.

Growing up in a Hispanic family in the United States provides Hispanic adolescents with special challenges. While there are some overriding similarities among most Hispanic teens, as a group they are as diverse as their families. They may be Mexican-American, Puerto Rican, Cuban, Central or South American, or a combination. Some come from families that have been in the United States for generations -- others arrived as recently as yesterday. Some are part of very traditional homes while other families have adopted the behaviors and customs associated with mainstream American lifestyles. Some are middle class, but the overwhelming majority live below the poverty line. Poor housing, unemployment, limited access to health care and low educational attainment are the norm. One of the major problems confronting Hispanic youth in their communities is the high rate of school dropout as well as the high incidence of drug and alcohol abuse.

Understanding Hispanic families and adolescents requires an appreciation for diversity among Hispanics and a recognition of the challenges of growing up in two cultures. Traditional Hispanic culture is based on authoritarian principles, and these often clash with the more open and democratic principles of mainstream society. Hispanic families tend to be close knit. Stress often occurs as the children adopt behaviors which are less like those of their family -- such as speaking English, questioning traditional customs, wanting to appear as much like their non-Hispanic peers as possible, and avoiding things that make them seem Hispanic.

Differences may occur over discipline, respect for elders in the family, sexual behaviors and attitudes, and styles of dress. Many of these tensions become intensified during adolescence. Part of the dilemma Hispanic youth face is the need to reconcile the messages that their parents give them with what they learn from their peers and society at large.

As discussed in Hispanic Young Adolescents: Developing After-School Programs and Parent Training, a publication by the National Coalition of Hispanic Health and Human Services Organizations, parents often need help explaining their values to their children as much as their children need help understanding them. Hispanic parents, like all parents, may perceive normal changes of adolescence as threatening their attempts to maintain family traditions or as defying their authority. When Life Planning can be used to encourage communication about these issues among family members, the material will be more meaningful.

Involving Hispanic Parents

Life Planning materials are aimed primarily at adolescents; however, when working with Hispanic youth, it is important to recognize that they are first and foremost part of a family. The importance of the family in Hispanic culture cannot be overestimated. The family should be involved and included in the program activities. Setting up a Community Advisory Committee, such as the one in El Paso, to assist with the recruiting is a good way of reaching out to Hispanic parents and communities.

The first step in involving Hispanic parents is to help them understand the Life Planning program. A note sent home with the students or participants followed by a personal invitation to attend an introductory session might be a first step. Holding an introductory session for parents and other significant family members such as grandparents, aunts, and uncles will help make them comfortable with you and your program. Hold the session at a time that is convenient and in a place that is both accessible and familiar -- a community center might be a good site. Providing child care will allow more parents to attend and convey the message that you are interested in the whole family. Offering refreshments will make parents feel welcome.

Handing out materials that are in the language with which the parents are most comfortable will show that you have done your homework and are respectful of the importance of language in maintaining cultural values. Whether this is English or Spanish will depend on the group of parents you are inviting. Recognizing their participation in the program by awarding the parents a certificate will show that what they are doing is valuable.

II. Curriculum Adaptations

The following is a chapter-by-chapter presentation of ideas for adapting the curriculum for use with Hispanic teens. Each section includes: a brief background piece for the group leader on some of the relevant issues for Hispanic teens and ideas for addressing these issues either by using the available activities with some modifications, or by bringing out certain points in the introduction to the chapter or in the discussion following the activities. This section is intended to stimulate thinking about tailoring the activities to meet the needs of Hispanic teens. Leaders may want to add their own ideas.

Chapter I - Self-Esteem

The objectives for this chapter are to help teens: become aware of their positive qualities, identify things about themselves that they can change, and identify their potential work skills and strengths.

Many minority youth face special challenges in the area of self-esteem because of their economic and social circumstances. They may not have had an opportunity to recognize the contributions that Hispanics have made throughout the history of this country and to acknowledge that they too have a contribution to make. The sessions on self-esteem provide you with the chance to reinforce these contributions.

One of the ways to address this is to allow time for teens to explore their personal "history" as well as that of their parents and grandparents. Their own history can then be linked to that of their extended families and communities. These concepts might be introduced in the exercise "Get the Picture?" by adding a column entitled "My Past" to the newsprint sheet. Here teens could discuss such things as where their parents and grandparents came from and how and why they settled in the United States. How did they end up in the community or area they are living in now?

In the exercise "Interview About Me," teens could add a column to their worksheet listing three things they like about being Hispanic. During the discussion ask them if anyone mentioned something about their ethnic and cultural heritage that they consider to be a strength.

In the activity titled "Work Skills Identification," be aware that some Hispanic teens have a great deal of responsibility in their family for taking care of younger siblings and that may be used as an example to stimulate further discussion. If their parents are Spanish-speaking, they may also have been their translators on various occasions (also an important skill!).

Chapter 2 - Values

The objectives of this chapter are to help teens: learn a definition of "values"; discover their own values and how their values affect their behavior; and learn how to communicate their values to others.

As mentioned earlier, Hispanic adolescents are often trying to reconcile two different value systems -- that of their family and that of their peers and society at large. You need to allow time during the discussion of values for exploration of what this means to Hispanic youth. For example, what happens in Hispanic families when the values of the teens come in conflict with those of their parents? Keeping this in mind during the activities will help you be alert to particular concerns. Hispanic teens need to be given an opportunity to explore their traditional cultural values and to discuss the messages they have received from their families about being Hispanic, as well as what is important to them about their cultural and ethnic heritage.

One of the ways to address this is in the activity entitled "Family Messages." Add an item to the questions on the 3x5 cards which addresses teens' speaking Spanish at home or at their grandparents' house, or celebrating ethnic feasts/holidays with family and friends.

In the exercise "Rank Your Values," an item could be added to the value list on "keeping my ethnic and cultural heritage." In the discussion you could bring out whether or not Hispanic teens feel that their family values are different from the values of non-Hispanic families and how they handle those differences.

During the activity "Values and Vocations," you might consider inviting a Hispanic community leader who works with Hispanic communities to discuss why s/he has chosen this vocation.

Chapter 3 - Stereotypes

The objectives in this unit are to help students: learn about sex role stereotypes that exist; understand how stereotypes affect their options in the workplace and in relationships; and examine concepts of "maleness" and "femaleness."

Minority families face special pressures and feelings about limitations on what they can do with their lives. Gender role stereotypes are not the only stereotypes that Hispanic youth confront. In addition to male/female stereotypes, some people hold stereotypical ideas about minorities in general. Hispanic teens need help understanding the issues of being a part of a minority group, and they need an opportunity to develop skills to overcome the limitations that others may place on them.

Sex role stereotypes do, however, play an important part in Hispanic families. Not unlike other cultures, gender stereotypes in Hispanic families are defined along the principles of male dominated societies. Males often hold a special place and are valued for carrying on the family name, defending family honor, protecting women and children, and being the primary breadwinners. In fact this is part of what being "macho" means. Both parents support the males, but the special relationship of Hispanic mothers to their sons works to perpetuate the male's role of prominence in the family. Women are valued for different reasons such as motherhood, their nurturing role, and overall support of the family. They are honored and respected.

Hispanic families often hold rigid views on sexual activity. The traditional culture supports sexual activity in boys, yet virginity is still the expected norm for girls. Hispanic teens need time to discuss whether or not this is true in their families, how they feel about it, and the implications this has for their "life plan."

During the activities, being sensitive to the different stereotypes Hispanic youth may face will help the group discuss them more openly. These concepts may also be brought out in the "Lecturette on Stereotypes" in which you could ask participants to look in the media and in magazines for stereotypical portrayals of Hispanics, both male and female.

In addition, as part of the activity on "Gender Roles and Relationships," you may want to add a case study that looks at traditional gender roles within Hispanic families.

Chapter 4 - Goal Setting: What are My Goals for Myself?

The objectives for this chapter are to help teens: identify their long-term and short-term goals; practice goal setting; learn how to achieve their goals; and think about how parenthood might affect their goals.

In mainstream American society, decisions and setting goals for the future are within the purview of the individual; in traditional Hispanic culture, the focus of decisions and life goals are centered within the family context. A Hispanic youth making a decision about his/her future must take into account how that decision affects the family as a whole and whether that is a long-term or short-term effect. A decision to go away to college would not only depend on individual needs, aspirations, and economic feasibility, but also on the effect it would have on the individual's responsibility within the family. It is likely that parents, grandparents, aunts, uncles, godparents, and older siblings might all contribute significantly to the decision-making process of a life goal.

Research on families of low socioeconomic status consistently shows that the everyday pressures of survival take precedence over future plans. If you are working with low-income teens, you may have to help them expand their vision of what is possible while at the same time help them set concrete (attainable) goals. They may need to learn that they can plan for the future just as they can plan for today. Breaking goals into small steps will help. For example: "I want to buy a pair of shoes in three months. In order to do that, I need to save $3 a week. I will get this money from helping Mrs. Gonzales do her errands. She pays me $5 and I will save $3 of that."

The activity "Making a Dream Come True" lends itself to exploring the role family members might play in assisting teens with life planning. Invite Hispanic guest speakers who are leaders in the community or successful in their professions. Ask them to address areas such as how they integrated the expectations of their families into their career plans; how their families helped them move into their careers; and the difficulties they face as minorities.

Chapter 5 - Decision-Making: How Do I Weigh My Options?

This chapter's objectives are to help teens: become aware of the process of decision-making; learn a model for decision-making; and practice the steps in a decision-making model.

In many Hispanic families there is a traditional, authoritarian decision-making structure where parents (often fathers) make the decisions for the families. The idea of teens being involved in the decision-making process is not an accepted practice. Hispanic teens need skills in "negotiating" between the two cultural expectations.

It must be noted that extended family members also play a very active role in making decisions in the family. In addition, within traditional Hispanic culture "fate" plays an important part in determining and accepting certain outcomes.

One way of addressing these concepts is to add to the "Decision-Making Guide" activity a dilemma which involves a family situation. An example might be that parents insist that Spanish be spoken with grandparents, and the teen feels that his/her friends will laugh when they see him/her speaking Spanish. This will give Hispanic teens an opportunity to explore the options. Adding a role play on explaining a decision to parents or other family members would be useful in helping teens develop the skills to negotiate successfully.

Chapter 6 - Parenthood: Is It A Job For Me?

This chapter's objectives are to help teens: examine how they feel about becoming a parent; learn about the responsibilities and costs of raising a child; and learn about the special problems that come with being a teenage parent.

In traditional Hispanic culture, parenthood is not seen as something you make a decision about or a job that you have. Rather, it is accepted as a responsibility which involves both joy and sacrifice. Parenthood is highly esteemed and respected. It is not unusual in some Hispanic groups for women to marry quite young and have children soon after they are married.

Hispanic culture is family-centered as opposed to child-centered. Therefore, children are often given much responsibility at an early age, particularly for taking care of younger brothers and sisters or setting an example for siblings. Consequently, while the responsibility that goes along with being a parent will come as no surprise to many Hispanic teens, some of them may need help in realizing the difficulties of being a teenage parent.

In the activity titled "Wanted: A Job as a Parent," Hispanic teens may want to first talk about the idea presented here that being a parent is a "job" that you choose. Has that been their experience? Have they known people who have chosen not to be parents? How do their families feel about parenthood?

The activity "Egg Babies" may not be as appropriate for Hispanic teens, who may have taken care of their brothers and sisters, as it would be for teens who have not had those experiences.

During the activity "Baby's First Year," be aware that many Hispanic families do not have health insurance and therefore would be paying all the costs of having a baby themselves. While this does not change the emphasis of the exercise, it does make the cost considerations more compelling.

In the activity "Parenthood - Now or Later" you might want to add a box on how having a baby would affect the relationships Hispanic teens have with their families.

Chapter 7 - Sexuality

The objectives of this chapter are to help teens: learn a broader definition of human sexuality; become more comfortable talking about sexual concerns; learn facts about sexuality, pregnancy, and sexually transmitted diseases; learn two ways of preventing pregnancy and sexually transmitted diseases (saying "no" to sexual activity and using contraception effectively); and learn about community resources related to reproductive health.

Sexuality in Hispanic families and communities has traditionally been seen as a private subject. This does not mean, however, that sex and sexuality are not an integral part of Hispanic cultural life as expressed through music, literature, etc. It simply means that sexual issues are not openly discussed. It is important, therefore, to respect this value and be particularly sensitive to it throughout the unit.

Wherever possible, encourage communication about sexuality between the teens and their parents. Involving the parents in the information sessions will increase their level of knowledge and provide them with tools to increase communication within the family. The comprehensive focus of the Life Planning curriculum will help to integrate discussions of sexuality into the overall lives of the Hispanic families who are participating.

Like others, Hispanic teens may be embarrassed discussing sex and sexuality. While having a mixed group of boys and girls is ideal, it might be helpful to allow some time for same sex groups. This way they can bring up any questions or concerns they might have that they wouldn't discuss in a mixed group of boys and girls.

During the activity "Visiting a Health Facility," try to identify a clinic with bilingual/bicultural staff. This will help Hispanic teens feel more comfortable using the clinic as a resource.

Chapter 9 - Employment: How Do I Get There?

The objectives of this chapter are to help teens to: learn what job options exist; learn what training and education various vocations require; learn where to look for jobs; learn basic job-seeking skills; learn the skills they need to keep a job; and understand how parenthood can affect their job preparation and/or future employment.

Hispanic teens looking for jobs face a difficult task. The school dropout rate is very high in many Hispanic communities -- estimated as high as 40% in some places. This leads to a high rate of unemployment and underemployment. Furthermore, some Hispanic teens may come from families in which either all or part of the family has immigrant or undocumented worker status. These teens may need special assistance in obtaining a social security number, and may have other legal questions.

Minortiy teens often face a scarcity of role models in a variety of professional careers. Finding such role models and involving them in a Life Planning program could be of great help to the teens in the group. Providing teens with information about the changing demographics of the U.S. and the world and the importance of knowing a language other than English will help motivate Hispanic teens to speak, read, and write Spanish.

In the activity entitled "Help Wanted Ads: How Can I Read Them?" bring in some Spanish language newspapers as well as English language newspapers.

Be sure to include a Hispanic parent in the activity "Panel of Working Parents."

Chapter 10 - Good Communication: How Can I Communicate Well With Others?

The objectives of this chapter are to help teens: learn what good communication is and how good or bad communication can make them feel; understand how important good communication is in all their relationships - with family, friends, and co-workers; practice good communication skills; and identify barriers to good communication.

Communication within Hispanic families builds on the concept of "respeto" (respect), particularly of youth towards their elders. Any communication skills development must take into account this framework which focuses on acquiescing to authority figures and often suppresses the individual opinions or feelings of younger members of the family. Within this context, both Hispanic teens and their parents will practice new skills, particularly in the areas of negotiation, thus giving both parents and teens a more equal position in the communication process. Whenever appropriate during the activities, insert examples about communication among family members. Be available to talk with parents who may want to understand the information their teens are bringing home. Invite parents to attend a session where they can practice the same skills.

In the activity "Choose Your Words Carefully for Positive Communication," add an example which says "You are always telling me to speak Spanish at my grandmother's house," or "You (mother) always go with me everywhere!"

In the activity "Are You Listening?" add to the Responses List an example of a parent saying "I am the parent and you will do what I say."

III. *Conclusion*

This introduction to using the Life Planning Curriculum with Hispanic teens is a guide and is meant to stimulate creative thinking about the ways to include special activities and/or make additional adaptations. Experience has shown that the curriculum lends itself to flexible adaptation for different groups. Hispanic teens and their families are certainly a diverse group. An introduction alone cannot do justice to this diversity. It can, however, provide a framework within which to consider the messages of each chapter and present some important cultural issues to keep in mind while teaching Life Planning. Moreover, it can offer the recommendation that you take time to get to know the people in the Hispanic community with whom you are working, discover the issues about which the parents and teens are most concerned, and be respectful of the differences that exist.

A Resources Section of materials in Spanish follows.

RESOURCES SECTION

FILMS AND VIDEOS

The following films on teenage pregnancy and parenthood, decision-making and peer group pressure are available in Spanish. Some are filmed originally in Spanish and others are dubbed. For complete information, contact the producer or distributor listed.

Cuando estemos juntos/Detente (When We Are Together/Wait) 1986, two 3-minute music videos
Johns Hopkins University/Population Communication Services
624 N. Broadway, Baltimore, MD 21205, (301) 955-7666
-Tatiana and Johnny, two well-known teenage Latin pop singers perform two Spanish songs urging young people to be responsible about sexuality.

Deciding What's Best For Me, 20-minute slide presentation
Planned Parenthood of San Mateo County, 2211 Palm Ave., San Mateo, CA 94403, (415) 574-2622

Especialmente para niñas, (Especially for Girls), 65 frame filmstrip
Perrennial Education Inc., 930 Pitner Ave., Evanston, IL 60202, (800) 323-9084
-animated sound filmstrip that presents the changes and functions of a girl's reproductive system.

La concepción y contracepción, (About Conception and Contraception), 11 minutes
Perrenial Education Inc., 930 Pitner Ave., Evanston, IL 60202, (800) 323-9084
-clear, basic illustration of how conception occurs and exactly how the various birth control methods prevent conception. There is no narration, so the instructor will need to give appropriate commentary.

La esperanza no es un método, (Hope is Not a Method), 1977, 19 minutes
Perrenial Education Inc., 930 Pitner Ave., Evanston, IL 60202, (800) 323-9084
-provides information about methods of contraception.

Planificación familiar: motivación y métodos, (Family Planning: Motivation and Methods)
Familia En Flor, Parent Education Project, 1000 West Carson, Cottage 15, Torrance, CA 90509, (213) 533-2351
-package includes slides, 2 lesson plans and 2 tapes. Facilitator must read English.

Querido diario (Dear Diary), 24 minutes
New Day Films, 22 Riverview Drive, Wayne, NJ 07470, (201) 633-0212

-presents the facts about female growth and development with humor, directness and warmth. Deals with the important issues of self-image, peer pressure, and femininity.

Running My Way, 28-minute movie
Children's Home Society of California, Public Affairs Department, State Headquarters, 5429 McConnell Ave, Los Angeles, CA 90066, (213) 389-6750
-the story discusses peer pressure, dating, and interactions with parents.

¿ Soy normal? (Am I Normal?), 23 minutes
New Day Films, 22 Riverview Drive, Wayne, NJ 07470, (201) 633-0212
-presents the facts about male growth and development in a straightforward and reassuring manner. Raises important issues about masculinity, identity and peer pressure.

BOOKS

Blume, Judy, Estás ahi, Dios? Soy yo, Margaret (Are You There, God? It's Me, Margaret)
Bilingual Publications Co, 1966 Broadway, New York, NY 10023, (212) 873-2067

Gardner-Loulan, J.; Lopez, B.; and Quackenbush, M., Período (Period), 1985
Network Publications, ETR Associates, 1700 Mission St., Suite 203, PO Box 1830, Santa Cruz, CA 95061-1830, (408) 429-9822

Gitchel, Sam; and Foster, Lorri, Hablemos acerca del...SEXO (Let's Talk About...SEX)
Network Publications, ETR Associates, 1700 Mission St., Suite 203, PO Box 1830, Santa Cruz, CA 95061-1830, (408) 429-9822

PAMPHLETS/BOOKLETS

ADOLESCENT DEVELOPMENT

Ay no! Qué hago ahora? (Oh No! What Do I Do Now?), 24 pages
Sex Information and Education Council of the US (SIECUS), 80 Fifth Ave., New York, NY 10011 (212) 673-3850

Cambios: usted y su cuerpo (Changes: You and Your Body), 54 pages
CHOICE, 125 South 9th St., Suite 603, Philadelphia, PA 19107, (215) 592-0550

Como hablarle a su hija de la menstruación (How to Talk to Your

Daughter About Menstruation), 4 pages
Personal Products Co, Consumer Information Center, Van Liew Ave., Milltown, NJ 08850, (800) 631-5294

El ciclo menstrual...mas que es la menstruación (The Menstrual Cycle...But What Is Menstruation), 4 pages
Personal Products Co, Consumer Information Center, Van Liew Ave., Milltown, NJ 08850, (800) 631-5294

Especialmente para tí...Respuestas a tus preguntas personales sobre la menstruación (Accent on You...Responses to Your Questions About Menstruation), 22 pages
Tambrands, Inc., Educational Department, 1 Marcus Ave., Lake Success, NY 11042, (516) 358-8641

CONTRACEPTION

Birth Control Facts (Spanish), 2 pages
Network Publications, ETR Associates, 1700 Mission St., Suite 203, PO Box 1830, Santa Cruz, CA 95061-1830, (408) 429-9822

La anticoncepción: ¿Qué método le conviene? (Contraception: Which Method Suits You?), 5 pages
The American College of Obstetricians and Gynecologists, 600 Maryland Ave., SW, Suite 300 E, Washington, DC 20024, (202) 638-5577

Lo que todos deben saber acerca del control de la natalidad, (About Contraception), 16 pages
Channing L. Bete Inc., 200 State Road, South Deerfield, MA 01373, (800) 628-7733

Métodos anticonceptivos y la planificación familiar (Contraceptive Methods and Family Planning), 3 pages
U.S. Department of Health and Human Services, Bureau of Community Health Services, Publications Room 7-08, Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-4273

Métodos de planificación familiar (Family Planning Methods), 1 page
Planned Parenthood of Alameda/San Francisco, 1660 Bush St., San Francisco, CA 94109, (415) 441-5454

"¡NO!" y otros metodos de control de la natalidad ("No!" and Other Methods of Birth Control), 2 pages
Private Line, PO Box 131, Kenilworth, IL 60043, (312) 251-5893

¿Teensex? Está bien decir, "De ningún modo" (Teensex? It's OK to Say, "No Way"), 14 pages
Planned Parenthood Federation of America, 810 Seventh Ave.,

New York, NY 10019, (212) 541-7800

ADOLESCENT PREGNANCY AND PARENTING

Cambios: Convirtiéndose en padres adolescentes, (Changes: Becoming a Teenage Parent), 67 pages
Planned Parenthood of Southeastern Pennsylvania, 1220 Samson St., Philadelphia, PA 19107, (215) 592-4100

Cambios: Usted y su bebé, una guiá papa la madre joven, (Changes: You and Your Baby), 44 pages
Planned Parenthood of Southeastern Pennsylvania, 1220 Samson St., Philadelphia, PA 19107, (215) 592-4100

Confidencial-para padres de familia...y futuros padres de familia (Confidential-For Parents and Future Parents), 2 pages
March of Dimes, The National Foundation, 1275 Mamaroneck Ave., White Plains, NY 10605, (914) 428-7100

El Barullo de Convertirse en Padres Adolescentes (The Hassles of Becoming a Teenage Parent), 8 pages
US Government Printing Office, U.S. Department of Health and Human Services, Bureau of Community Health Services, Publications Room 7-08, Health Services Administration, 5600 Fishers Lane, Rockville, MD 20857, (301) 443-4273

Lo que debe saber los adolescentes que tiene niño, (Teen Parenthood), 16 pages
Channing L. Bete Inc., 200 State Road, South Deerfield, MA 01373, (800) 628-7733

Ser o no ser una madre, un padre (To Be or Not To Be a Mother, a Father), 23 pages
Planned Parenthood Federation of America, 810 Seventh Ave., New York, NY 10019, (212) 541-7800

Sobre las habilidades de ser madre o padre, (About Parenting), 16 pages
Channing L. Bete Inc., 200 State Road, South Deerfield, MA 01373, (800) 628-7733

Tienes una amiga que piensa que está embarazada? (Do You Have a Friend Who Thinks That She is Pregnant?) 5 pages
City of Chicago, Department of Health, Public Information, 50 West Washington St., Chicago, IL 60602, (312) 744-8500

SEXUALLY TRANSMITTED DISEASES

Cúpido da el flechazo de amor...y Venusa da la mórdida de infección (Cupid Shoots the Arrow of Love...and Venus the Bite of Infection), 2 pages
Concilio de Salud Integral de Loiza, Apartado M, Loiza,

Puerto Rico, 00672, (809) 876-2468

Es hora de hablar claro...las enfermedades venéreas (It's Time to Speak Clearly...Venereal Diseases), 3 pages
Pfizer, Inc, Laboratories Division, 235 East 42nd St., New York, NY 10017, (212) 573-2323

Infecciones vaginales (Vaginal Infections), 3 pages
San Diego County Department of Health Services, 1700 Pacific Highway, San Diego, CA 92101, (619) 236-2121

Información a las parejas sobre AIDS/SIDA, (Straight Talk About Sex and AIDS)
San Francisco AIDS Foundation, 333 Valencia St., 4th Floor, San Francisco, CA 94103, (415) 864-4376

Lo que todo el mundo debe saber sobre las ETS, (STDs), 16 pages
Channing L. Bete Inc., 200 State Road, South Deerfield, MA 01373, (800) 628-7733

¡Peligro! enfermedades venéreas (Danger! Venereal Diseases), 9 pages
California Department of Health Services, Maternal and Child Health, 714 P St., Sacramento, CA 95814, (916) 445-4171

¿Qué es la gonorrea? (What is Gonorrhea?), 2 pages
¿Qué es la tricomonas? (What is Tricomonas), 2 pages
¿Qué es uretritis no gonococica (UNG)? [What is Non Gonococcal Urethritis (NGU)?], 2 pages
Illinois Department of Public Health, Division of Family Health, 535 W Jefferson St., Springfield, IL 62761
(217) 782-2736

Sobre el Herpes, (About Herpes), 16 pages
Channing L. Bete Inc., 200 State Road, South Deerfield, MA 01373, (800) 628-7733

Sobre el SIDA, (What Everyone Should Know About AIDS), 16 pages
Channing L. Bete Inc., 200 State Road, South Deerfield, MA 01373, (800) 628-7733

Sobre la sífilis y la gonorrea (About Syphilis and Gonorrhea), 16 pages
Channing L. Bete Inc., 200 State Road, South Deerfield, MA 01373, (800) 628-7733

Hojas de Trabajo

HOJA DE TRABAJO

Clasifica tus valores

Instrucciones: Corta por la línea de puntos para formar tiras.

Independizarme

Sacar buenas notas

Prepararme para el futuro

Llevarme bien con mis padres

Casarme

Vivir de acuerdo a mi religión

Ser artístico o creativo

Ganar dinero

Ser popular con mis amigos

Hacer el amor con la persona que amo

Conseguir un trabajo que me guste mucho

Ser un buen deportista

Tener hijos

Hacer nuevas amistades

Tener mi propio carro

[Corresponds to "Rank Your Values," page 51 of Life Planning Education.]

HOJA DE INFORMACION PARA EL LIDER

Votación de valores

Las afirmaciones siguientes son sugerencias para usarlas en la actividad "Votación de valores". Escoje todas las que consideres apropiadas para tu grupo. Agrega otras que consideres adecuadas.

1. Se puede obtener un buen trabajo sin terminar la escuela secundaria.
2. Las mujeres deben ayudar a pagar los gastos cuando salen con un joven.
3. Los hombres pueden ser buenos enfermeros y secretarios.
4. Para conseguir un buen trabajo, lo que cuenta no es lo que sabes sino a quién conoces.
5. Tener un hijo es una forma magnífica para lograr que todo el mundo nos preste atención.
6. En una familia, el hombre debe ser el responsable del apoyo financiero.
7. El uso de anticonceptivos es la responsabilidad de la mujer.
8. No vale la pena hacer planes porque la vida es un juego de azar.
9. Es muy importante continuar los estudios después de la secundaria.
10. Los hombres que tienen hijos deben compartir la responsabilidad de cuidarlos.
11. Es impropio tener relaciones sexuales si uno no está casado.
12. Los padres siempre deben ayudar a cambiar los pañales y darle el alimento al bebé.
13. Los adolescentes no deben tener hijos.
14. Solamente se debe hacer el amor con la persona que se ama.
15. Los hombres no deben llorar.
16. Tener un trabajo que te guste es más importante que ganar mucho dinero.
17. Las mujeres que deciden tener hijos deben permanecer en la casa y criarlos.
18. Un muchacho que no ha tenido relaciones sexuales a los 17 años es un tipo raro.
19. Las relaciones entre los hombres y las mujeres eran mejores antes de que empezara el movimiento de "liberación femenina".
20. Las mujeres no deben trabajar en los empleos que los hombres siempre han desempeñado.
21. Las adolescentes que quedan embarazadas deben dar los bebés en adopción.
22. Una adolescente embarazada tiene el derecho de decidir si quiere o no quiere tener un aborto.

23. El usar métodos anticonceptivos significa que la mujer planea tener relaciones sexuales con muchos hombres.
24. Quedar embarazada es una prueba de que una mujer está enamorada de un hombre.
25. Una persona que decide no tener hijos es egoista.
26. Un hombre que nunca ha sido padre no es un verdadero hombre.
27. La mujer debe llegar virgen al matrimonio.
28. El hombre debe llegar virgen al matrimonio.

[Corresponds to "Values Voting," page 55 of *Life Planning Education.*]

HOJA DE TRABAJO

Venta de valores

Imagínate que tienes $ 10,000.00 para gastar en una venta donde lo único que puedes comprar son valores. Cuando el líder de tu grupo "comienza la venta", puedes usar ese dinero para comprar cualquiera de los siguientes valores que sean importantes para ti. Recuerda, una vez que hayas gastado los $ 10,000.00 ya no podrás comprar ninguno de los valores restantes.

	Mi oferta más alta	La oferta más alta del grupo
1. Hacer solo lo que mi religión me manda hacer.	________	________
2. Ser virgen cuando me case.	________	________
3. Tener buena salud toda mi vida.	________	________
4. Conseguir un trabajo que me guste.	________	________
5. Tener mis propios hijos.	________	________
6. No hacer nada que disguste a mis padres.	________	________
7. Tener una buena relación sexual.	________	________
8. Tener a alguien que me ame mucho.	________	________
9. Obtener la mejor educación posible.	________	________
10. Ganar mucho dinero.	________	________

[Corresponds to "Values Auction," page 59 of Life Planning Education.]

HOJA DE TRABAJO

A la cacería de estereotipos

Para completar esta actividad debes "cazar" adultos en tu familia, escuela, club o iglesia que posean una o más de las caraterísticas que aparecen a continuación. Cuando encuentres a alguien que tenga la primera característica, "Es esposa, madre, y ama de casa ..." pídele que firme en el espacio al lado de la característica #1. Luego, completa toda la lista; procura encontrar la mayor cantidad posible de personas. Cuando te den sus "autógrafos", hazles dos preguntas a cada persona: 1) ¿Como le va con la carrera que eligió? y 2)¿Por qué tomó esa decisión?

Firmas	Encuentra a alguien que....
______________________	1. Es madre, esposa y ama de casa todo el tiempo.
______________________	2. Es doctora en medicina.
______________________	3. Es enfermera.
______________________	4. Es enfermero.
______________________	5. Es maestro en una escuela infantil.
______________________	6. Es una mujer casada que planea no tener hijos.
______________________	7. Es un padre que permanece en la casa cuidando a su bebé todo o parte del tiempo.
______________________	8. Es dentista.
______________________	9. Es fanático de los deportes.
______________________	10. Es deportista.
______________________	11. Es secretario.
______________________	12. Es un artista que trabaja en su profesión.
______________________	13. Es ejecutivo de una compañía.
______________________	14. Es ejecutiva de una compañía.

[Corresponds to "Stereotypes Scavenger Hunt," page 75 of Life Planning Education.]

HOJA DE TRABAJO

Metas a corto plazo: Mi contrato

Yo ____________________ , en pleno uso de mis facultades
(nombre)
físicas y mentales, por la presente declaro mi intención de alcanzar la siguiente meta a corto plazo para el ____________
(fecha)
o antes.

Mi meta es

____

____

____

Para lograr mi meta voy a cumplir los siguientes objetivos:

1. ____

____

2. ____

____

3. ____

____

Firma_____________________________

Testigo ___________________________

Fecha _____________________________

[Corresponds to "Short-Term Goals: My Contract," page 95 of Life Planning Education.]

HOJA DE TRABAJO

La reunión escolar de diez años

Para responder a estas preguntas, piensa sobre lo que te gustaría decirles a tus amigos cuando los veas dentro de diez años.

1.- Dentro de diez años, mi edad será: ______________________________

2.- Mi trabajo será (se tan específico como sea posible) ________
____

3.- Para obtener mi trabajo tuve que ______________________________
____

4.- Mis responsabilidades específicas serán ________________________
____

5. - Mi salario anual aproximado (o el de mi familia) será______
____

6.- Mi posesión personal más importante será ______________________
____

7.- Mis responsabilidades familiares serán ________________________
____

8.- Les diré a mis amigos que de las experiencias que he tenido en los últimos cinco años, las mejores han sido ________________
____

[Corresponds to "My Ten-Year Class Reunion," page 101 of Life Planning Education.]

HOJA DE TRABAJO

Hacer un sueño realidad

Piensa en una meta, algo que has soñado lograr en el futuro. Puede ser cualquier tipo de meta: educativa, personal o financiera.

ESCRIBE LA META: Se muy específico.

UNA FECHA FINAL: ¿Cuándo quieres lograr esta meta?

LOS BENEFICIOS ESPERADOS: ¿En qué forma te va a beneficiar el lograr esta meta?

PLANES: ¿Cuáles son los pasos que debes dar para lograr tu meta?

1.

2.

3.

DIFICULTADES Y OBSTACULOS: ¿Cuáles son las cosas que pueden impedirte que logres tu meta?

1.

2.

3.

SOLUCIONES: ¿Qué puedes hacer para superar estas dificultades?

1.

2.

3.

[Corresponds to "Making a Dream Come True," page 103 of Life Planning Education.]

HOJA DE TRABAJO

Los planes de vida

Completa las siguientes oraciones con lo primero que se te ocurra.

Me gustaría terminar ______________________________

____

Para fin de año quiero ______________________________

____

Para el próximo mes me gustaría ______________________________

____

Lo que más quiero cambiar de mi persona es ______________________________

____

Una cosa que me gustaría que me diera mi novio es ______________________________

____

Me gustaría ser la clase de amigo que ______________________________

____

Una cosa que realmente me gustaría probar es ______________________________

____

Un lugar a donde me gustaría ir es ______________________________

____

Una de las buenas cualidades que tengo y que me gustaría mejorar aún más es ______________________________

____

[Corresponds to "Life Plans," page 106 of Life Planning Education.]

HOJA DE TRABAJO

Prediciendo los resultados

QUE PASARIA SI...

Decisión o acción	Posible resultado
1. Te graduaras de la escuela?	
2. Dejaras de asistir a clase?	
3. Asistieras a la universidad?	
4. Ingresaras al servicio militar?	
5. Trabajaras en una fabrica?	
6. Te fueras de tu casa?	
7. Te arrestaran por robar en una tienda?	
8. Nunca te casaras?	
9. Te casaras mañana?	
10. Te divorciaras después de dos años?	
11. Te hicieras atleta profesional?	

[Corresponds to "Predicting Outcomes," page 115 of *Life Planning Education.*]

HOJA DE TRABAJO

Guía para ayudar a tomar decisiones

Paso 1: Identifica las posibilidades o alternativas relacionadas con tus decisiones.

a. ______________________________

b. ______________________________

c. ______________________________

Paso 2: Reúne la información acerca de la decisión. (Considera tus valores personales, tus metas, y los hechos que tienes que saber.)

____

____

____

Paso 3: Haz una lista de las ventajas y desventajas de cada una de las alternativas.

a. Alternativa #1: ______________________________

Ventajas: ______________________________

Desventajas: ______________________________

b. Alternativa #2: ______________________________

Ventajas: ______________________________

Desventajas: ______________________________

c. Alternativa # 3: ______________________________

Ventajas: ______________________________

Desventajas: ______________________________

Paso # 4: Toma tu decisión y enumera las razones para llegar a esa conclusión.

[Corresponds to "Decision-Making Guide," page 119 of Life Planning Education.]

HOJA DE TRABAJO

Dilemas

1. Jaime está en el grado 11. El tiene la oportunidad de trabajar en una obra de construcción por seis meses con su hermano mayor. Podría ganar mucho dinero pero el trabajo no tiene futuro. Tendría que dejar la escuela. ¿Que debe hacer?

2.- María tiene 15 años y está interesada en salir con Toño. Pero él no le presta mucha atención y sus amigas le dicen que debe esperar hasta que él la invite a salir. ¿Puede ella tomar la iniciativa? ¿Qué debe hacer ella?

3.- Carolina está en una fiesta con un grupo de amigos. La fiesta acaba tarde y ella es una de las últimas en irse. Se supone que Samuel la va a llevar a casa (él no está borracho, pero ha tomado bastante). Carolina está en duda si debe llamar a sus padres porque teme que no la dejen salir de nuevo con Samuel. Ella no tiene dinero para un taxi. ¿Qué debe hacer?

4.- Alberto tiene 15 años y es un nuevo miembro del equipo de básquetbol. Después de ganar un juego importante, Héctor, el capitán del equipo, lo invita a una fiesta para celebrar. Pero resulta que la fiesta es pequeña, solo cuatro compañeros del equipo y una muchacha, Marta, quien tiene mala reputación en la escuela. Más tarde, después de beber muchas cervezas, Héctor tiene relaciones sexuales con Marta. Héctor llama a sus amigos para que ellos tambien hagan el sexo con ella. Resulta que la muchacha está llorando. Cuando Alberto se muestra indeciso, sus amigos empiezan a burlarse de él.¿Qué debe hacer?

5.- Susana tiene 15 años y está saliendo con Arturo quien tiene 19. A ella no le gustan los muchachos de su misma edad. Arturo le parece muy atractivo y maduro. Una noche después de una cita, Susana lo invita a su casa a tomar un refresco. Su mamá lo se encuentra en la casa y se supone que Susana no lleve amigos a la casa cuando la mamá no está. Pero Arturo parece ser un muchacho muy agradable y respetuoso. ¿Qué debe hacer ella?

[Corresponds to "Dilemmas," page 120 of Life Planning Education.]

HOJA DE TRABAJO

El costo de tener un bebé

GASTOS MEDICOS DE LA MADRE..............................$ ______

Incluye la cuenta del médico y del hospital por una estancia de 3 días en un cuarto semi-privado.

GASTOS MEDICOS DEL BEBE.................................$ ______

Incluye el cuidado del recién nacido en el hospital, seis visitas rutinarias, una visita de emergencia, y las vacunas.

PANALES Y FOTOS DEL BEBE................................$ ______

ALIMENTACION DEL BEBE ....$ ______

(Bebés alimentados con leche en botella)

MUEBLES PARA EL BEBE ....$ ______

OTRAS COSAS NECESARIAS PARA ATENDER AL BEBE ....$ ______

CUIDADO DEL NIÑO ....$ ______

(Incluye 5 días a la semana, 8 horas al día)

ROPA PARA EL RECIEN NACIDO..............................$ ______

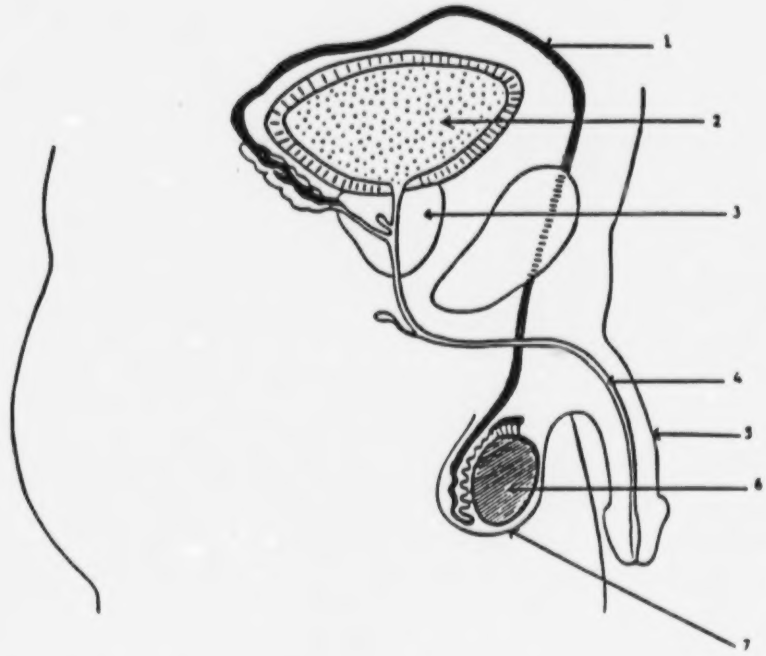
TOTAL ....$ ______

[Corresponds to "Costs of Parenting," page 141 of Life Planning Education.]

HOJA DE TRABAJO

Datos sobre la sexualidad

Dibujo de anatomía (masculino)



1. ______________________________

2. ______________________________

3. ______________________________

4. ______________________________

5. ______________________________

6. ______________________________

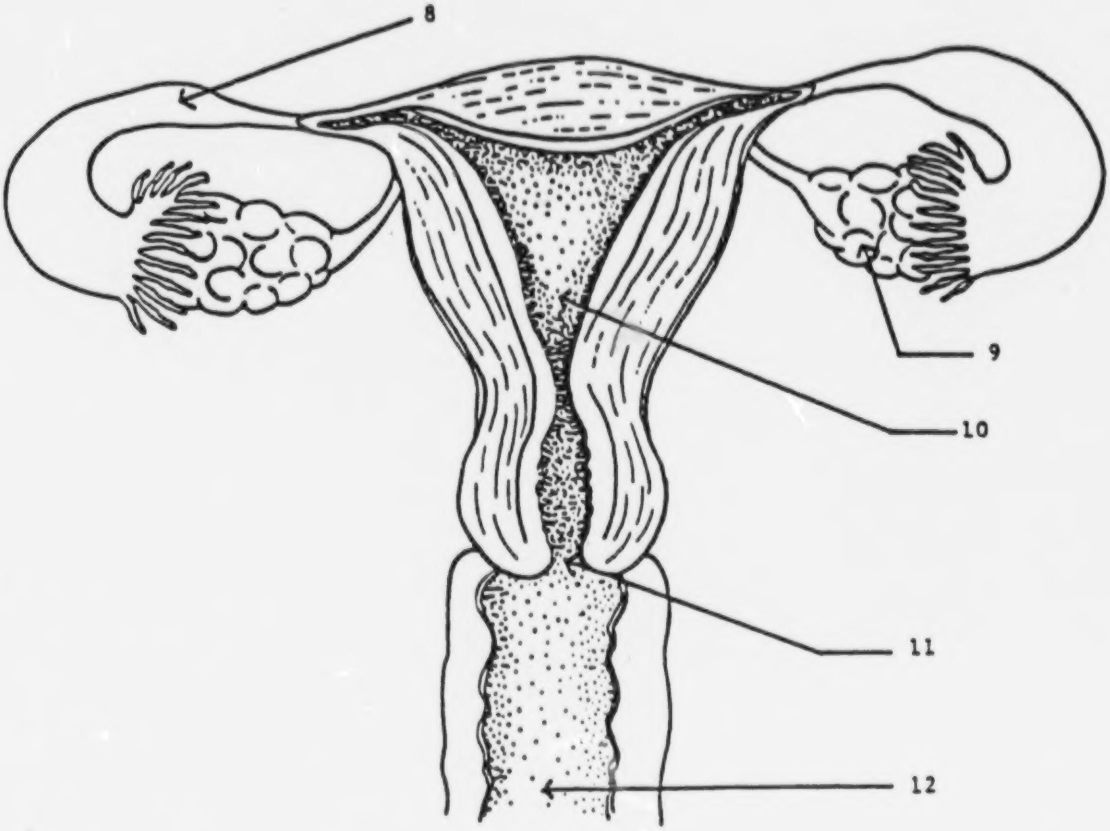
7. ______________________________

[Corresponds to "Sexuality Facts, Anatomy Drawing (Male)," page 172 of Life Planning Education.]

HOJA DE TRABAJO

Datos sobre la sexualidad

Dibujo de anatomía (Femenino-interno)



8. ____________________

9. ____________________

10. ____________________

11. ____________________

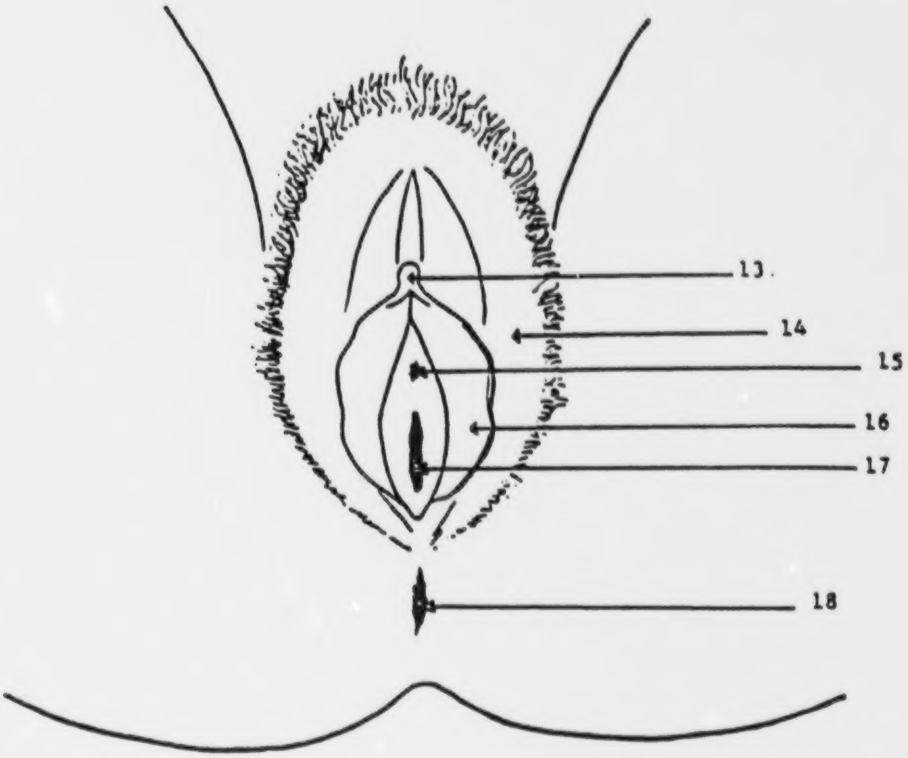
12. ____________________

[Corresponds to "Sexuality Facts, Anatomy Drawing (Female--Internal)," page 173 of Life Planning Education.]

HOJA DE TRABAJO

Datos sobre la sexualidad

Dibujo de anatomía (Femenino--externo)



13. ______________________________

14. ______________________________

15. ______________________________

16. ______________________________

17. ______________________________

18. ______________________________

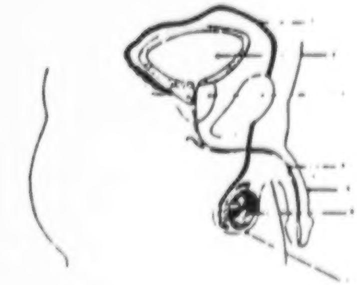
[Corresponds to "Sexuality Facts, Anatomy Drawing (Female--External)," page 174 of Life Planning Education.]

HOJA DE INFORMACION PARA EL LIDER

Datos sobre la sexualidad

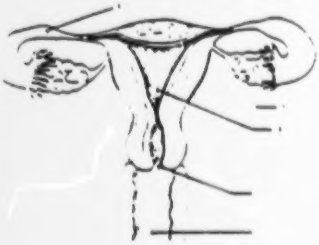
Dibujos de anatomía (Respuestas correctas)

Masculino



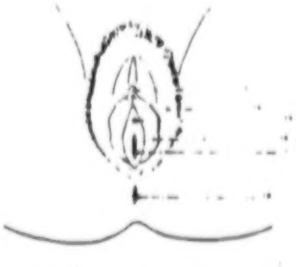
1. Conducto deferente
2. Vejiga
3. Glándula prostática
4. Uretra
5. Pene
6. Testículo
7. Escroto

Femenino-Interno



8.- Trompa de Falopio
9.- Ovario
10.- Utero (Matriz)
11.- Cerviz
12.- Vagina

Femenino-Externo



13.- Clítoris
14.- Labios Mayores (interiores)
15.- Uretra (abertura)
16.- Labios menores (interiores)
17.- Vagina (abertura)
18.- Ano (abertura)

[Corresponds to "Sexuality Facts, Anatomy Drawings--Correct Answers," page 175 of Life Planning Education.]

HOJA DE TRABAJO

La fiesta

Realistas

Personas que tienen habilidad mécanica o atlética, prefieren trabajar con máquinas, herramientas, plantas o animales, o estar en lugares al exterior.

Convencionales

Personas que les gusta trabajar con números, tienen habilidad numérica o de oficina, se ocupan de los detalles y siguen las instrucciones bien.

Emprendedoras

Personas que les gusta influenciar o persuadir a otras personas, implementar o administrar planes de empresas o trabajar para lograr ganancias económicas.

Investigadoras

Personas que les gusta prestar atención total, aprender, investigar, analizar, evaluar o resolver problemas.

Artísticas

Personas que tienen habilidades artísticas, innovadoras o creativas y les gusta trabajar en situaciones flexibles, usando su imaginación o creatividad.

Sociales

Personas que les gusta trabajar para informar, enseñar, entrenar, superar, o curar a otras personas, o que tienen habilidad verbal.

Si yo fuera a esa fiesta y tuviera que conversar con alguien:

Estaría más interesado en conversar con personas del grupo de

________________________________.
#1

Segundo, estaría interesado en conversar con personas del grupo de ______________________________.
#2

Tercero, estaría interesado en conversar con personas del grupo de ______________________________.
#3

[Corresponds to "The Party," page 256 of Life Planning Education.]

HOJA DE TRABAJO

Elige tus palabras con cuidado para hacer más positiva la comunicación.

Ejemplo:

1. Nunca me llamas. — 1. Me gustaría que me llamarás más a menudo.

2. Siempre llegas tarde. ____________________

3. Esa es una idea estúpida. ____________________

4. Nadie aprecia mi trabajo en este lugar. ____________________

5. Siempre me ignoras cuando salimos. ____________________

6. ¡No me grites! ____________________

7. No deberías hacer eso. ____________________

8. No es muy importante,
pero quería hablar contigo.

9. A lo mejor no tienes tiempo,
pero necesito que me ayudes
con la tarea.

10. Sé que vas a volver con la
novia que tenías antes.

[Corresponds to "Choose Your Words Carefully For Positive Communication," page 286 of Life Planning Education.]

HOJA DE TRABAJO

Ser firme en tus acciones
sin ofender a los demás

Sofía estaba muy contenta de que se hubieran terminado las clases por hoy. Había tenido dos exámenes esta mañana y ahora lo que quería era reunirse con sus amigos en el comedor de su escuela. Solamente tenía dinero para una orden de papas fritas y un batido. Compró su comida y se fué a sentar con sus amigos. Cuando iba a empezar a comer sus papas, llegó Luis Carlos y tomó una.

"Mmm, ¡que ricas!", dijo. "¿Puedo tomar otra?" Antes de que ella pudiera responder, su amiga Angela dijo, "Puedo tomar una también? Aún tengo hambre" y tomó una antes de que Sofía pudiera responder.

¿Que harías si fueras Sofía? Marca junto a la respuesta que probablemente darías en esta situación.

SI NO

__ __ 1.- Disculparte con tus amigos por no compartir tus papas y dejar que se las coman, mientras piensas: "Fue mi culpa por comprarlas. Tendré que esperar hasta más tarde para comerlas".

__ __ 2.- Agarrar las papas y decir que has tenido una mañana muy difícil y que vas a comerte todas las papas tú sola.

__ __ 3.- Pasar las papas a tus amigos silenciosamente y luego ignorarlos para que se den cuenta de que estás enojada.

__ __ 4.- Explicarles a tus amigos que has estado pensando en comerte esas papas fritas toda la mañana, pero estás dispuesta a compartirlas con ellos con tal de que te dejen suficientes.

[Corresponds to "Assertiveness: Standing Up For Yourself Without Putting Others Down," page 204 of Life Planning Education.]

HOJA DE TRABAJO

Chequea tus convicciones

Casi nunca	Algunas veces	Casi siempre	
____	______	______	Puedo expresar mis sentimientos sinceramente.
____	______	______	Puedo decir "no" sin dar excusas o sentirme culpable.
____	______	______	Cuando estoy enojado, puedo admitirlo.
____	______	______	Trato de conocer todos los detalles y datos antes de tomar decisiones.
____	______	______	No critico a una persona sino a su conducta.
____	______	______	Me responsabilizo por mis propios sentimientos en vez de culpar a otros.
____	______	______	Expreso tanto los buenos como los malos sentimientos.
____	______	______	Cuando digo lo que siento, no ataco a otra persona.
____	______	______	Si estoy en desacuerdo con alguien no acudo al abuso verbal o físico.
____	______	______	Ofrezco soluciones a los problemas en lugar de quejarme.
____	______	______	Respeto los derechos ajenos a la vez que defiendo los míos.

[Corresponds to "Test Your Assertiveness," page 208 of Life Planning Education.]

HOJA DE TRABAJO

Vocabulario del SIDA

*SIDA
*HIV
*infección por HIV
*infecciones oportunistas
*Sarcoma de Kaposi
*Neumonía por Pneumocystis carinii
*AZT
*mutuamente monógamos
*actividades sexuales más seguras
*uso intravenoso de drogas
*heterosexualidad
*homosexualidad
*bisexualidad
*abstinencia
*látex
*nonoxinol-9
*asintomático
*portador
*prueba confidencial
*prueba anónima
*sistema inmunitario
*anticuerpo
*seropositivo
*seronegativo
*PCS
*condón
*espermicida

[Corresponds to "AIDS Vocabulary," page 207 of Life Planning Education.]

HOJA DE INFORMACION PARA EL LIDER

Vocabulario del SIDA con definiciones

*SIDA	Síndrome de inmunodeficiencia adquirida
*HIV	Virus de inmunodeficiencia humana
*infección por HIV	Infección por el virus de inmunodeficiencia humana que puede o no hacer sentirse enferma a la persona infectada
*infecciones oportunistas	Infecciones que solo se producen cuando tienen oportunidad de desarrollarse merced a un sistema inmunitario defectuoso
*Sarcoma de Kaposi	Tipo de cáncer que en un tiempo era común encontrar solo en hombres ancianos, y que ahora se ve con frecuencia en personas de toda edad infectadas por el HIV
*Neumonía por Pneumocystis carinii	Tipo de neumonía causada por un germen presente en los pulmones de todos, capaz de hacer sentir muy enferma a una persona cuando ésta tiene un sistema inmunitario defectuoso
*AZT	Zidovudine, una medicina que ayuda al organismo a fortalecer el sistema inmunitario y puede contribuir a mejorar la vida de una persona con infección por HIV
*mutuamente monógamos	Expresión que describe a dos personas que solo tienen relaciones sexuales entre ellas
*actividades sexuales más seguras	Termino empleado comúnmente para describir las prácticas sexuales que previenen el intercambio de sangre, semen y fluidos vaginales
*uso intravenoso de drogas	Consumo de drogas con fines no medicinales que se inyectan en una vena con una aguja y una jeringa

*heterosexualidad	Orientación sexual hacia personas del sexo opuesto
*homosexualidad	Orientación sexual hacia personas del mismo sexo
*bisexualidad	Orientación sexual hacia personas de ambos sexos
*abstinencia	Privarse de algo o no hacer algo; suele usarse con referencia a la decisión de no beber o tener relaciones sexuales
*látex	Una clase de goma
*nonoxinol-9	Nombre químico de un ingrediente común espermaticida de las espumas o jaleas anticonceptivas
*asintomático	Que no muestra signos exteriores de infección
*portador	Persona que tiene un germen y puede infectar con él a los demás
*prueba confidencial	Cuando se da el nombre, pero se mantiene en secreto la información
*prueba anónima	Cuando no se da el nombre, de modo que nadie sabe quién es la persona sometida a la prueba
*sistema inmunitario	La parte del organismo que destruye a los gérmenes y células extrañas
*anticuerpo	Célula especializada encontrada en la sangre que destruye un germen específico
*seropositivo	Cuando el análisis de sangre para detectar la presencia de anticuerpos indica que hay anticuerpos en la sangre
*seronegativo	Cuando el análisis de sangre para detectar la presencia de anticuerpos indica que no hay anticuerpos en la sangre
*PCS	Sigla con que se designa una persona con SIDA
*condón	Tubo de látex muy fino para cubrir el pene

*espermicida	Crema, jalea o espuma para inutilizar los espermatozoides

HOJA DE INFORMACION PARA EL LIDER

Las ETS y la infección por HIV: En qué se diferencian

Las listas deben contener la siguiente información:

Iguales

- *Pueden ser propagadas por una persona sin síntomas
- *Se propogan a través de las relaciones sexuales
- *Puede reducirse el riesgo mediante la abstinencia o el uso de condones
- *Afectan a todos los grupos de personas
- *Pueden evitarse mediante la abstinencia o las actividades sexuales más seguras

Diferentes

- *Generalmente fatal en 3 anos
- *El HIV puede propagarse a través del intercambio de sangre
- *Por ahora no hay cura para el HIV

[Corresponds to "STDs and HIV Infection: What's the Difference?," page 213 of Life Planning Education.]

HOJA DE TRABAJO

Estimación de tipos de comportamiento

*Cuadro adaptado de "Educators Guide to AIDS and Other STDS", de Stephen Sroka y Leonard Calabrese

Comportamiento	Definitivamente un riesgo	Probablemente un riesgo	Probablemente no es un riesgo	Definitivamente no es un riesgo
No tener relaciones sexuales (abstinencia)				
Usar con otros agujas para inyectarse drogas por vía intravenosa				
Tener relaciones sexuales sin uso de condones				
Besarse				
Recibir una transfusión de sangre en 1988				
Donar sangre				
Usar un inodoro en establecimientos públicos				
Usar un teléfono público				
Darle la mano a una persona con SIDA				
Abrazar a una persona con SIDA				
Recibir la tos de una persona infectada por HIV				
Ir a la escuela con una persona que tiene el SIDA				

Comportamiento	Definitivamente un riesgo	Probablemente un riesgo	Probablemente no es un riesgo	Definitivamente no es un riesgo
Nacer cuando la madre tiene el HIV				
Ser picado por un mosquito				
Nadar en una piscina				
Usar con otros el cepillo de dientes o la navaja de afeitar				
Usar con otros agujas para perforar el lóbulo de la oreja o para hacer tatuajes				
Relaciones sexuales con uso de condones				

[Corresponds to "Rating Behaviors ," page 215 of Life Planning Education.]

HOJA DE INFORMACION PARA EL LIDER

Estimación de tipos de comportamiento

*Cuadro adaptado de "Educators Guide to AIDS and Other STDS", de Stephen Sroka y Leonard Calabrese

Comportamiento	Definitivamente un riesgo	Probablemente un riesgo	Probablemente no es un riesgo	Definitivamente no es un riesgo
No tener relaciones sexuales (abstinencia)				X
Usar con otros agujas para inyectarse drogas por via intravenosa	X			
Tener relaciones sexuales sin uso de condones	X			
Besarse				X
Recibir una transfusión de sangre en 1988			X	
Donar sangre				X
Usar un inodoro en establecimientos públicos				X
Usar un teléfono público				X
Darle la mano a una persona con SIDA				X
Abrazar a una persona con SIDA				X
Recibir la tos de una persona infectada por HIV				X
Ir a la escuela con una persona que tiene el SIDA				X

Comportamiento	Definitivamente un riesgo	Probablemente un riesgo	Probablemente no es un riesgo	Definitivamente no es un riesgo
Nacer cuando la madre tiene el HIV	X			
Ser picado por un mosquito				X
Nadar en una piscina				X
Usar con otros el cepillo de dientes o la navaja de afeitar			X	
Usar con otros agujas para perforar el lóbulo de la oreja o para hacer tatuajes	X			
Relaciones sexuales con uso de condones			X	

HOJA DE TRABAJO

¿Qué comportamiento presenta riesgo?

COMPORTAMIENTO sin riesgo	COMPORTAMIENTO con poco riesgo	COMPORTAMIENTO con gran riesgo

[Corresponds to "What is Risky?," page 220 of Life Planning Education.]

HOJA DE INFORMACION PARA EL LIDER

¿Qué comportamiento presenta riesgo?

COMPORTAMIENTO sin riesgo	COMPORTAMIENTO con poco riesgo	COMPORTAMIENTO con gran riesgo
*Abstenerse del coito de cualquier tipo	*Usar un condón durante cualquier tipo de coito -- siempre y cada vez	*Usar drogas que inhiben el discernimiento sobre los asuntos sexuales - como el "crack"
*El coito en una relación mutuamente monógama con una persona no infectada		*Coito de cualquier tipo con una persona cuyo estado serológico es positivo o se desconoce
*No beber ni usar drogas		*Usar con otros agujas para inyectarse drogas u otros fines
*Cualquier comportamiento en el que no hay contacto con sangre, semen o secreciones vaginales		
*Contacto casual con una persona que está infectada o tiene el SIDA		
*Donar sangre		

[Corresponds to "What is Risky?," page 220 of Life Planning Education.]

HOJA DE INFORMACION PARA EL LIDER

Asociación de palabras

1. Una muchacha que lleva condones ____________________.
2. Un muchacho que lleva condones ____________________.
3. Una muchacha de 17 años que es virgen ________________.
4. Un muchacho de 17 años que es virgen ________________.
5. Los heterosexuales ______________________________.
6. Los homosexuales _______________________________.
7. Los bisexuales _________________________________.
8. Una persona con SIDA ___________________________.
9. Cuando uno piensa tener relaciones sexuales ____________.
10. Cuando se presiona a alguien para que tome drogas ______ ____.
11. Cuando se presiona a alguien para que tome alcohol (cerveza, vino, licores) _____________________________.
12. Cuando se presiona a alguien para que tenga relaciones sexuales ____________________________________.
13. Los condones __________________________________.
14. Las drogas por vía intravenosa ____________________.
15. Cuando se habla con los adultos sobre cuestiones sexuales ____.
16. Ir a la escuela con alguien que tiene el SIDA __________.
17. La compra de condones __________________________.
18. Los dispensarios de planificación familiar ____________.
19. La idea de que yo mismo pueda tener el HIV ____________.
20. El SIDA ______________________________________.

[Corresponds to "Word Association," page 223 of Life Planning Education.]

HOJA DE TRABAJO

Si alguien dice:

1. "Yo no soy homosexual y no uso drogas por vía intravenosa, de modo que no necesito preocuparme."

Tú dices:

2. "Solo los homosexuales contraen el SIDA."

Tú dices:

3. "Los homosexuales me dan náusea."

Tú dices:

4. "No vayas con Carlos. Es homosexual y podría tenerlo."

Tú dices:

5. "Oí que uno puede adquirir el SIDA a través de los mosquitos."

Tú dices:

6. "¡Vamos! Todos lo hacen."

Tú dices:

7. "Ponerse un condón es como tomar una ducha con el impermeable puesto."

Tú dices:

8. "¡Vamos! ¡Pruebalo! No vamos a la vena, solo pinchamos la piel."

Tú dices:

9. "Si me quisieras lo harías."

Tú dices:

10. "Solo las relaciones sexuales baratas pueden darte el SIDA."

Tú dices:

11. "Me mato antes de usar un condón."

Tú dices:

12. "Con solo mirar a alguien me doy cuenta si tiene el SIDA, así que, ¿para que my voy a preocupar?"

Tú dices:

13. "A la gente con SIDA habría que ponerla en cuarentena."

Tú dices:

[Corresponds to "If Someone Says ...," page 228 of Life Planning Education.]

HOJA DE TRABAJO

Entrevista sobre el HIV y el SIDA

Adolescente: "En la escuela/nuestro programa estamos estudiando el problema del SIDA. Me han dado de deber entrevistar a un adulto acerca del SIDA. Me gustaría preguntar tu opinión acerca de algunas cuestiones."

NOMBRE ______________________ FECHA __________

PARENTESCO CON EL ADOLESCENTE ______________________

1. ¿Has oído hablar del SIDA?
2. ¿Cuándo y dónde oíste hablar del SIDA por primera vez?
3. ¿Qué quieren decir las letras del SIDA?
4. ¿Cuán importante te parece que es el problema del SIDA en nuestra comunidad?
5. ¿Cómo piensas que la gente adquiere el HIV, el virus causante del SIDA?
6. ¿Tomarías una gaseosa de la misma lata que una persona con SIDA?
7. ¿Cómo crees que la gente se protege contra la propagación del HIV?
8. ¿Cuál es la diferencia entre el SIDA y la infección por HIV?
9. ¿Te preocupa la idea de contraer el HIV, el virus causante del SIDA?
10. ¿Te ha preocupado alguna vez la idea de que yo adquiera el virus que causa el SIDA?
11. ¿Dónde irías a conseguir más información sobre el SIDA?
12. ¿Qué te parece que es lo más importante que debo saber sobre el SIDA?

[Corresponds to "Talking with Family Members and HIV and AIDS," page 231 of Life Planning Education.]

HOJA DE INFORMACION PARA EL LIDER

Práctica de psicodramas

Nota: Los psicodramas que versan sobre la decisión de abstenerse del coito se incluyen en el capítulo sobre educación sexual de Planeación de la vida. Si no se han representado, deberán incluirse aquí. Si se had representado, deberá recordar a los adolescentes que ya se had ejercitado en resistir la presión a tener relaciones sexuales. Estos psicodramas se utilizarán para practicar las técnicas que previenen la transmisión del HIV en diferentes situaciones.

A. Actores: Un varón y una joven

Escena: Susana y Marcos han estado saliendo juntos durante seis meses sin ver a nadie más. Han tenido relaciones sexuales por dos meses. Siempre han usado un condón. La pareja está sola en la casa de Marcos pues los padres de éste han salido. Marcos se ha olvidado de los condones, pero quiere acostarse con Susana. La pareja está sentada en el sofá, mirando una película y ....

Preguntas para la discusión:

1. ¿Cuáles son las variables/cuestiones que deben considerarse al tomar la decisión?
2. ¿A quién le corresponde la responsabilidad de asegurarse de que los condones estén a mano?
3. ¿Cuándo se convierte la relacion en una "larga relación mutuamente monógama"? ¿Cómo te das cuenta de que tu compañero(a) es monógamo(a)? ¿Cómo puede saber uno de los integrantes de la pareja si el otro es seronegativo?

B. Actores: Dos varones

Escena: Carlos y Juan están hablando después de salir de la escuela. Juan proyecta tener relaciones sexuales con Tina, su novia, por primera vez este fin de semana. Tina toma la píldora. Carlos le aconseja comprar condones, pero Juan dice que no los necesita porque Tina toma la píldora.

Preguntas para la discusión:

1. ¿Cómo piensas que se siente Juan? ¿Y Tina? ¿Qué opina Carlos de estos dos?
2. ¿Por qué los adolescentes que toman la píldora también tienen que usar condones?

3. ¿Estaba Carlos aplicándole presión a Juan para que use condones? ¿Es esta una presión positiva o negativa?

4. ¿Hay muchos varones que piensan como Juan? ¿Qué puede hacerse para que usen condones?

5. Si Carlos y Tina fueran hermanos, ¿cómo influiría este hecho en la escena?

C. **Actores**: Cuatro adolescentes

Miguel - Saca buenas notas y goza de popularidad entre los compañeros. No está muy seguro acerca de lo que va a hacer después de la escuela secundaria.

Rosario (varón o niña) - Tímido, acaba de mudarse a este barrio. Tomaba drogas, pero se prometió a sí mismo dejarlas cuando se mudara.

Guadalupe (varón o niña) - Capitán del equipo de fútbol y de baloncesto. Bebe ocasionalmente.

Chiche (varón o niña) - Practica algunos deportes con Guadalupe, pero estudia porque desea ir a la universidad. Nunca ha probado las drogas o las bebidas alcohólicas, y a veces piensa que es el único que no lo ha hecho.

Escena: Los cuatro adolescentes están en la cocina durante una fiesta. No está ninguno de los padres en la casa. Miguel saca un poco de "crack" y una pipa y pregunta "¿Alguien me puede dar fuego? Vamos, no sean tímidos, esta fiesta está por empezar".

Preguntas para la discusión:

1. ¿Qué influiría en los personajes para que digan que sí? ¿O para que digan que no?

2. ¿Qué diferencia habría si se tratara de heroína y una jeringa? ¿Por qué sería lo mismo?

3. Si no hubieras sabido que Miguel tomaba drogas, ¿cómo te hubieras sentido acerca de él ante su ofrecimiento?

4. Todos sabemos que el HIV no se propaga por fumar "crack" o compartir una pipa. ¿Cómo contribuiría el "crack" a aumenar el riesgo de infectarse con HIV de estos personajes?

D. **Actores**: Dos jovencitas

Escena: Ana (16 años) esta saliendo con Esteban, un muchacho mayor que ella (21 años) al que no conoce muy bien, pero que le gusta mucho. Empezaron a tener relaciones sexuales la semana anterior y no usaron condones. Su amigo Julia (16 años) teme que el muchacho esté tomando drogas por vía intravenosa y le preocupa el hecho de que Ana pueda estar exponíendose a quedar embarazada y a contraer el SIDA. Julia le dice: "Tienes que decir le que use un condón".

Preguntas para la discusión:

1. ¿Cuán importante es para Ana averiguar el pasado y el presente de su novio - tanto su vida sexual como su experiencia con drogas?

2. ¿Por qué podría alguien no decir la verdad acerca de lo que ha hecho en otro tiempo - tanto en lo referente a experiencias sexuales como con drogas? ¿Puede cambiar su conducta el amor por alguien?

3. ¿Por qué podría resultarle difícil a Ana hablar sobre el condón con su novio?

4. ¿Qué deberá hacer Ana si su novio le dice que no le gustan los condones?

5. ¿Qué piensas acerca de lo que Julia le dijo a Ana?

E. Actores: Un varón y una joven

Escena: Ana decide hablar con Esteban acerca del uso de condones. Vuelven de concierto de música "rock" del conjunto favorito de Ana. Esta decide que ese es el momento propicio para hablar sobre los condones....

Preguntas para la discusión:

1. ¿Cómo se sentía Ana al abordar el tema de los condones?

2. ¿Cómo se sentía Esteban cuando Ana tocó ese tema?

3. ¿Cómo influirá esto en el futuro de la relación de la pareja?

4. Describe en qué momento o de qué manera la conversación hubiera sido más fácil.

5. ¿Qué alternativas le quedan a Ana si Esteban se niega a usar condones?

F. Actores: Dos varones y una joven

Escena: Alberto, Cristina y Beto son íntimos amigos. Pronto tendrá lugar el baile de los egresados, y Cristina y Beto hablan entusiasmados acerca de sus planes. Alberto dice que no va a ir (es homosexual y no está interesado en llevar una muchacha al baile). Sus amigos le preguntan porqué no piensa ir.

Preguntas para la discusión:

1. ¿Le resultaría difícil a Alberto contar a sus amigos que es homosexual?

2. ¿Apoyan, en general, los adolescentes a sus amigos homosexuales?

3. ¿Cómo pueden reducirse los mitos y temores acerca de la homosexualidad?

G. Actores: Un varón y una joven

Escena: Benjamín acaba de enterarse de que los resultados de la prueba que se le hizo para detectar la presencia de HIV es seropositiva. Va a una fiesta donde se siente atraído hacia Teresa. La atracción es mutua, y Teresa le invita a ir afuera, al auto.

Preguntas para la discusión:

1. ¿Qué deberá hacer Benjamin?

2. ¿Cómo se siente uno si tiene que decirle a alguien que la prueba de determinación de HIV dio resultado positivo?

3. ¿Qué actividades seguras podrían realizar Benjamín y Teresa?

4. ¿Qué diferencia habría si Teresa fuera varón en lugar de mujer?

[Corresponds to "Role Plays," page 234 of *Life Planning Education*.]

HOJA DE TRABAJO

ESTUDIO SOBRE LOS CONDONES

Nombre de la tienda ____
____Farmacia ____Otro

Dirección____

Fecha en que se completo __________________________________

Horario de la tienda ______________________________________

Tiempo pasado en la tienda ________________________________

Nombre del observador _____________________________________

1. ¿Hay algún aviso en la tienda que indique donde están los artículos de planificación familiar?
_____ Sí (vaya a 1a.)
_____ No (vaya a 2)

   a. Si hay un aviso, ¿qué dice? ____________________________
   b. Tiempo para encontrarlo: _______________________________
   c. ¿Están todos los métodos de planificación familiar en un mismo lugar? _____ Sí _____ No

2. Si no hay un aviso, qué método(s) encontró primero:
____

   a. Tiempo para encontrarlo:________________________________
   b. ¿Están todos los métodos de planificación familiar en un mismo lugar?
   _____ Sí _____ No

INTERACCION CON LOS EMPLEADOS: "Por favor, ¿puede decirme dónde están los condones?"

Empleado: _____ Hombre _____ Mujer
Respuesta a la pregunta: _____ Positiva _____ Negativa

LUGAR

3. ¿Dónde estan colocados los condones? (MARQUE SOLO UN LUGAR)

____ detrás del mostrador de la farmacia
____ al lado del mostrador de la farmacia
____ detrás del mostrador de la caja registradora
____ al lado del mostrador de la caja registradora
____ con los productos de higiene femenina
____ con los productos de higiene personal de los hombres
____ en la seccion de planificación familiar
____ otro ____

(SIGUE A LA VUELTA)

4. a. ¿Tiene la tienda los siguientes tipos de condones?

Lubricados	____ Sí	____ No	____ No sé
No lubricados	____ Sí	____ No	____ No sé
Con el espermicida nonoxinol-9	____ Sí	____ No	____ No sé

b. ¿Cuál es el precio más bajo por un paquete de los tres condones lubricados?

Precio: ____________________

Marca: ____________________

5. ¿Dónde están colocados los demás métodos de planificación familiar? (MARQUE TODOS LOS QUE CORRESPONDAN)

____ detrás del mostrador de la farmacia
____ al lado del mostrador de la farmacia
____ detrás del mostrador de la caja registradora
____ al lado del mostrador de la caja registradora
____ con los productos de higiene femenina
____ con los productos de higiene personal de los hombres
____ en la seccion de planificación familiar
____ otro ____________________

6. ¿Tiene la tienda los siguientes métodos de planificación familiar?

Espuma	____ Sí	____ No	____ No sé
Jalea	____ Sí	____ No	____ No sé
Crema	____ Sí	____ No	____ No sé
Esponjas	____ Sí	____ No	____ No sé
Supositorios	____ Sí	____ No	____ No sé

7. ¿Tienen folletos o información sobre las ETS y el SIDA en la tienda? ____ Sí ____ No (SI TIENEN, llévese una muestra)

Hora en que se fue de la tienda: ____________________

NOTAS:

[Corresponds to "Condom Survey," page 246 of Life Planning Education.]